CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED SECRETARY OF STATE SEMISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

97 OCT 29 AM 10: 41

OF

NEELKANTH INC OF TAMPA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

NEELKANTH INC OF TAMPA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11704 NICKLAUS CIR, TAMPA, FL-33624

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HIMANSHU M AMIN

11704 NICKLAUS CIR, TAMPA, FL-33624

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

HIMANSHU M AMIN CHHAYA AMIN 11704 NICKLAUS CIR, TAMPA, FL-33624

The unde	rsigned in	corporator(s) h	nas(have) executed	I these Articles of Incor	poration this
	7th	day of	OCTOBER	, 19 _97	
		Amin			
			Signature		
		CHPD			
			Signature		

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name	of the corporation is:	NEELKANTH IN	C OF TAMPA	-
	_			
2. The name	and address of the reg	istered agent and o	ffice is:	0€VĬŠĬ 97 (
	HI	MANSHU M AMIN (Name)		73510N OF CO
	<u> </u>	704 NICKLAUS C Box not acceptable)	IR	AM IO: 4
	TA	MPA,FL-33624		- 5
		(City/State/Zip)		
			io- of process for th	0
Having beer above stated the appoint to comply we mance of my as registered	n named as registered and corporation at the place and corporation at the place and the provisions of all so duties, and I am familially agent.	gent and to accept e designated in this tand agree to act in statutes relating to a r with and accept t	service of process for the s certificate, I hereby acc n this capacity. I further a the proper and complete he obligations of my posi	e ept igree perfor- ition
£	Henrie			
• · · · · · · · · · · · · · · · · · · ·	(Signature)			