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To:

Division of Corporations

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From:

Account Name

: ACE INDUSTRIES, INC.

Account Number: 070744001530

Phone Fax Number : (305)358-2571 **:** (305)358-7832

## FLORIDA PROFIT CORPORATION OR P.A.

CARDIO CABINET, INC.

Covision COV	
Certificate of Status	<u> </u>
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION

Article 1: Name of Corporation: CARDIO CABINET, INC.

Address of Corporation: 11670 NW 56TH DRIVE #113

CORAL SPRINGS, FLORIDA 33076

Article 2: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 10,000, with a par value of \$1.0000.

Article 3: REGISTERED AGENT: CYRIL MANULA
REGISTERED OFFICE: 11670 NW 56TH DRIVE #113

CORAL SPRINGS, FLORIDA 33076

\* I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.

<u>08 / 03 / 99</u> Date

Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).

First listed is President, second is Vice President, then Secretary/Treasurer.

- 1, CYRIL MANULA, 11670 NW 56TH DRIVE #113, CORAL SPRINGS, FLORIDA 33076
- 2. LISA VINSON, 11670 NW 56TH DRIVE #113, CORAL SPRINGS, FLORIDA 33076 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

CYRIL MANULA

11670 NW 56TH DRIVE #113

CORAL SPRINGS, FLORIDA 33076

In witness whereof, I have subscribed my name:

St. CT

Signature of Incorporator

H99-19191

Prepared by: Ace Industries, Inc., 54 NW 11th Street, Miami, FL 33136, (305) 358-2571