

STATE OF CALIFORNIA

California Secretary of State

1500 11th Street

Office of the Secretary of State

ARTICLES OF INCORPORATION CA PROFESSIONAL CORPORATION

6452208

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| Sacramento, California 95814 | | | |
|--|--|---|---------------------------------|
| (916) 657-544 | 48 | | |
| Corporation Name Corporation Name | | Rediscovery clinical research | |
| Initial Street Address of Principal Office of Corporation Principal Address | | 13132 STUDEBAKER RD SUITE 10 NORWALK, CA 90650-2576 | |
| Initial Mailing Address of Corporation Mailing Address | | 955 DEEP VALLEY #3179 #3179 PALOS VERDES PENINSULA, CA 90274-3075 | |
| Attention | | SALISU Aikoye | |
| Directors | | | |
| Director Name | | Director Address | |
| SALISU aikoye 955 DEEP VALLEY #3179 #3179 PALOS VERDES PENINSULA | | , CA 90274-3075 | |
| | | | |
| Agent for Service of Process Agent Name | | SALISU aikoye | |
| Agent Address | | 955 DEEP VALLEY #3179 #3179 PALOS VERDES PENINSUL | A, CA 90274-3075 |
| | corporation is authorized to iss re than one class or series of sh | | |
| (other than the banking or trust | is to engage in the profession o company business) not prohibi poration is a professional corpor | ted to a corporation engaging ir | n such profession by applicable |
| Additional information and sig made part of this filing. | natures set forth on attached | pages, if any, are incorporated | d herein by reference and |
| Electronic Signature | | | |
| I declare that I am the pers | son who executed this instrume | nt, which execution is my act ar | nd deed. |
| Salisu Aikoye | | 11/12/2024 | |
| Director Signature | | Date | |
| | | | |