P01000103259

CSC

ACCOUNT NO. : 072100000032

REFERENCE : 168871 7290054

AUTHORIZATION :

COST LIMIT : $ PPD

FILED
2001 OCT 24 PM 3:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ORDER DATE : October 24, 2001

ORDER TIME : 10:23 AM

ORDER NO. : 168871-005

CUSTOMER NO: 7290054

CUSTOMER: Mr. Antonio Marti
Mr. Antonio Marti

2829 Bird Ave
Suite 5, #138
Miami, FL 33133

RECEIVED
01 OCT 24 AM 11:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: LONG TERM CARE STRATEGIES, INC.

000004651390--9
-10/24/01--01034--005
*****78.75 *****78.75

EFFECTIVE DATE:

XX ___ ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: 10/25/01

2555
W01

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

2001 OCT 24 PM 3:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

October 24, 2001

RESUBMIT
Please give original submission date as file date.

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

We have received your document for LONG TERM CARE STRATEGIES, INC and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 601A00058536

RECEIVED
01 OCT 24 PM 3:52
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2001 OCT 24 PM 3:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Long Term Care Strategies, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2829 Bird Ave Suite 5 #138
Miami Fl 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Long Term Care Insurance Consulting Service

ARTICLE IV SHARES

The number of shares of stock is:

10,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Antonio Manti 2829 Bird Ave Suite 5 #138 Miami Fl 33133

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Antonio Manti 2829 Bird Ave Suite5 #138 Miami FL 33133

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: _____ 5/23/01
Signature/Registered Agent Date

_____ 5/23/01
Signature/Incorporator Date