TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70,00 Filing Fee \$78.75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: BROOKE LANDAU

Name (Printed or typed)

1100 Wood Ave. Svite*410
Address

Miami Berch, FL 33139 City, State & Zip

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Children's Alliance Network, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1100 West Ave. Sutte#410 Miami Beach, FL 33139 ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To raise money and provide emotional/physical support for children in hospitals.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS
The manner in which the directors are elected or appointed is:
Elected By the Shareholders
Herbolital by the shareholders

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

BROOKE LANDAU Suite #410 1100 West Ave Suite #410 Warni Beach, FL 33139

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Brooke Landau 1100 West Ave. Svite#410 HlamiBeach, FL 33139

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

BROOKE LANDRU

Date

SCORE MAN