DIDDOOR 7652 TRANSMITTAL LETTER

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

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| ****87.50 | *****87.50 |

| SUBJECT: | ARBOR COVE 1 | NUESTMENT | TS, INC | |
|--|--|---|--|--------------|
| Enclosed is an origin | (Proposed corpo | rate name - must include suff es of incorporation and a | | DOMAR 13 MIO |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL COI | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | 0:26 |
| FROM: VONATHAN LEINWAND Name (Printed or typed) | | | | |
| | 1100 RIVER | BIPCH S | 57_ | - |
| | HOLLYWOOD City, S | FL 330/ State & Zip | 19 | = |
| | 954-924 Daytime Te | /- 1567 | | = |

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 Business Corporation Act, hereby adopts the following Articles of Incorporation. 00 MB 3 M 0.76

ARTICLE I. NAME

The name of the corporation shall be: Harbor Cove Investments, Inc.

ARTICLE II. PRINCIPAL OFFICE

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

1100 River Birch Street Hollywood, FL 33019

ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:100

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jonathan D. Leinwand, Esq. Jonathan D. Leinwand, P.A. 1100 River Birch Street Hollywood, FL 33019

ARTICLE V. INCORPORATOR

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

Jonathan D. Leinwand, Esq. Jonathan D. Leinwand, P.A. 1100 River Birch Street

Hollywood, FL 33019

Signature/Incorporator

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

ignature/Registered Agent

Date