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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee & Certified Copy \$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Daytime Telephone number

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

ARTICLES OF INCORPORATION

Signature/Incorporator

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I The name of the corporation shall be: WHOW LOWN Care, Inc ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: The number of shares of stock that this corporation is authorized to have outstanding at any one time is: <u>TIAL REGISTERED AGENT AND STREET ADDRESS</u> eet address of the initial registered agent are: incorporator to these Articles of Incorporation are:

(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 th	e 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	7-26-00
Signature/Registered Agent	Date