TRANSMITTAL LETTER

FILED 00 OCT -2 PH 3: 12

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

SUBJECT:	Earth Light Provider	rate name - must include su	ffix)	
	(x topouta corpo.		ina)	
Enclosed is an origin	nal and one(1) copy of the article			205 04004 ****70.00
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Flaine Dines Name (Pr	inted or typed)	-	
Address				
	St. Petersburg, F	L 33712 State & Zip		
	727-894-870	-		

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.

ARTICLE I NAME

The name of the corporation shall be:

Earth Light Providers, Inc.



ARTICLE II PRINCIPAL OFFICE

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

1760 Central Avenue St. Petersburg, FL 33712

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Elaine Dines 1760 Central Ave. St. Petersburg, FL 33712

ARTICLE V INCORPORATOR

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

Me d

Elaine Dines 1760 Central Ave. St. Petersburg, FL 33712

Signature/Incorporator

9/29/00

Date

(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 postion as registered agent.

Signature/Registered Agent

Date