## TRANSMITTAL LETTER

## P00000102056

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

700003443847---E -10/30/00--01114--018 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	PROPOSED CORPORA	TE NAME - MUST INCL	SERVICES, INC.	
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 of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	S87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: ANDREA MARMORSTEIN Name (Printed or typed)				
4029 NW 73 WAY Address				
	CORAL SPRING City, S	SS, FLA, 330 state & Zip	45	

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

A 10-31

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:	10 G 1
ELDER CARE FINANCIAL SERVICES,	INC,
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  7305 W. SAMPLE RD. SUITE 105  CORAL SPRINGS, FLORIDA 3306S  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
STARTING A NEW COMPANY TO PROVIDE SERVICES  ARTICLE IV SHARES	E FINANCIAL
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT  The name and Florida street address registered agent is:	
ANDREA MARMORSTEIN	
CORAL SPRINGS, FLA, 330GS	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  ANDREA MARMORSTEM	
4009 NW 73 WAY CORAL SPRINGS FLA. 33065.	
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	**********  corporation at the place designated in this
Andrea Marworstein Signature/Registered Agent	Date Date
andrea Mainosater	
Signature/Incorporator	10/ XS/ X 000