TRANSMITTAL LETTER

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

TAVE A BABY, CO.
PRATE NAME - MUST INCLUDE SUFFIX SUBJECT: GET PREGNANTE L

Enclosed is	an original	and one(1)	copy of th	e articles	of incorporat	ion and a	a check	for:

\$70.00

\$78.75 Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee

& Certified Copy

X(\$87.50

Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: SHERWIN MENDELL
Name (Printed or typed)

4801 S.UNIVERZITY DR. #242

DAVIE, FL. 33328 City, State & Zip

954-434-6637 Daytime Telephone number

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

1/43/12/02

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: GET PREGNANT, HAVE A BABY, CO. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4801 S.UNIVE RSITY PRIVE #242 DAVIE, FL. 33328 *ARTICLE III* The purpose for which the corporation is organized is: SALES OF PREGNANCY PROFRAM. ARTICLE IV SHARES The number of shares of stock is: 25,000ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): SHERWIN MENDELL, C.E.O. 1495 SEABAY ROAD WESTON, FL. 33326 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: SHERWIN MENDELL 1495 SEABAY ROAD WESTON, FL. 33326 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SHERWIN MENDELL 1495 SEABAY ROAD WESTON, FL: 333 26 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity SHERWIN MENDELL Signature/Registered Agent

SHERWIN MENDELL