TRANSMITTAL LETTER

OI OCT -5 PH 4:44

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

SUBJECT:	ELDER NET, INC.	rate name - must înclude suf	fix)	<u> </u>
Enclosed is an origina	al and one (1) copy of the articl	4)	00004625; -10/05/010 *****78.75	0945 1050011 ******78.75
\$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 PPY REQUIRED	
FROM:	Name (Pr 5250 SW	LA GORDON inted or typed) / 10TH STREET		
	MARGATE, FL 33068 City, State & Zip (954) 979-3642		·	
	Daytime Telephone number			. = .

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

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: ELDER NET, INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5250 SW 10TH STREET MARGATE, FL 33068
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES
The number of shares of stock is: 100,000 ARTICLE V
The name(s) and address(es):
ARTICLE VI REGISTERED AGENT The name and Florida street address registered agent are: PRISCILLA GORDON 5250 SW 10TH STREET MARGATE, FL 33068
ARTICLE VII INCORPORATOR The name and address of the Incorporator are: PRISCILLA GORDON 5250 SW 10TH STREET MARGATE, FL 33068 ************************************
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. D D

Signature/Incorporator