

SUBJECT: _The Over 50 Network, Inc.

(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

500005622755--1 -05/29/02--01003--002 *****70.00 *****70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

X _{\$70.00}

\$78.75

\$78.75

\$87.50

Filing Fee

Filing Fee

Filing Fee

Filing Fee, Certified Copy

& Certificate of Status

& Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Sol Kline

10097 Cleary Blvd., Suite 278

Address

Plantation, FL 33324

City, State & Zip

561-391-5860

Daytime telephone number

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

02 MAY 28 PM 1:54

HALL



In compliance	e with Chapter	607 and/or C	hapter 621.	, F.S. (Profit))			
ARTICLE I	NAME		-					
The name of the	corporation shall	be: The Ove	r 50 Netwo	ork, Inc.				
<u>ARTICLE II</u>	PRINCI	PAL OFFICI	<u> </u>			<i>:</i> _		
The principal pla	ace of business/ma	iling address is:	: 4410 Wil	la Creek Driv	/e			
			Suite 206	3				
ARTICLE III	PURPO	SF	Winter Sp	prings, FL 3	2708			
The purpose for	which the corpora	tion is organized	d is: This co	rporation ma	y engage	or trans	act in an	y or all lawful
activities or b	usiness permit	ted under the	e laws of th	ne United Sta	ates, the S	State of I	Florida or	rany other
	, territory or na							
ARTICLE IV	SHARES	<u>.</u>				_		
								n is authorized
	anding at any o						g stock, a	and
<u>ARTICLE V</u>		ock, both hav <u>OFFICERS</u> /	ving a par \ <u>/DIRECTO</u>	alue of .000 <u>RS</u>	1 per sha	re.		
The name(s) and address(es): Chairman: Robert Simon				Secretary: Starlett Kline				
4410 Willa Creek Drive, Suite 206					3200 Port Royal Drive, N.			
	Winter Springs	-				Apt. 704		
						Fort Lau	iderdale,	FL 33308
	nald B. Whitne	•						
	3817 N.W. 84t							
	Coral Springs,							
<u>ARTICLE VI</u>	<u>REGIST</u>	ERED AGEI	<u>V7'</u>			-		
The name and r	lorida street add	<u>ress</u> registered a			-			
				17 N.W. 84tl				
<u>ARTICLE VII</u>	<u> INCORI</u>	<u>PORATOR</u>	4	ral Springs, i	FL 3306	b 		
The <u>name and a</u>	ddress of the Inco	rporator are: So	ol Kline					
		10	0097 Clear	y Blvd., Suite	e 278 ,P	lantation	i, FL 333	324
******	***********	*******	*******	******	*****	*******	*****	******
designated in thi further agree to c	ned as registered as certificate, I her omply with the pro and accept the ob	eby accept the c visions of all sta	appointment d tutes relating	is registered age to the proper an	ent and agre	e to act in	r this capac	$c\overline{n} > I$
97.	HB MI	Lit.		, ,	105	121	/Z,	
Signatur	e/Registered Agei	nt or	_		/	Date		<u>a 16 7 .</u> g Go g Ga
	1/41.				_/	/	710HS	

ARTICLES OF INCORPORATION

Signature/Incorporator