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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 EWING + ASSOCIATES, LNC.

(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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)
The name of the corporation shall be: Ewing & ASSO CIATES, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. BOX 130 337 SURFISE, FL 33313
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Rehab Houses + Selling Health Insurance
ARTICLE IV SHARES The number of shares of stock is: 100
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): HAROID J. Ewing PRISIDENT P.O. BOX 130337 SUNRISE, FL 33313
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
HAIORD J. Ewing 2397 S.W. 13 th Way BOYNTON BCH FL 33426 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Harold J. Gwing 2397 S.W 13th Way BOYNTON Beach FL 33426 ************************************
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 familier with and accept the appointment as registered agent and agree to act in this capacity
Signature Registered Agent Date
Signature/Incorporator