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TRANSMITTAL LETTER

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

SUBJECT: Alleyne GROUP, INC.				
(PROPO ED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Lisa Alleyne, Name (Printed or typed)				
12730 Flint ble Dr. Address				
Thonotosassa, Fl. 33592				
(813) 986-8291 Daytime Telephone number				

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



ARTI LES OF INCORPORATION IN COMPLIANCE VITH Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ALLEYNE GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The princi al place of business/ mailing address is:
12730 Flint Lake Dr.
Thonotosassa, FL 33592

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide c sality private duty (RN) nursing services

In a patient's pri ate home, under the direction of a Physician.

ARTICLE IV SHARES

The number of shares of stock is: 1 (one)

ARTICLE VINTIAL OFFICERS/ DIRECTORS

The name, address, and title: Lisa Alleyne, RN, CEO 12730 Flint Lake Dr. Thonotosassa, FL 33592

ARTI CLE VI REGISTERED AGENT

The name and F orida street address of the registered agent is:
Lisa Alleyne, RN
12730 Flint Lake Dr.
Thonotosassa, FL 33592

AR' ICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa Alleyne, RN

12730 Flint Lake Dr.

Thonotosassa, FL 33592

Signatu e/Registered Agent

Line Allow 3/27/03

Signatu e/Incorporator Date