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TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	ADDITIONAL COPY REQUIRED Name (Printed or typed)			
-	18510 SE La Keside Dr			
	7690esta, FL 33469 City, State & Zip 56(-346-365) 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: A E Financial Network, INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 18510 St Lake side Dr. Tequesta, FL 351. ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: SHARES ARTICLE IV The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): 18510 St Lakeside Dr. Andrew 5. Evans Tequesta FL 33469 President REGISTERED AGENT The name and Florida street address of the registered agent is: 16510 SE Loke side Dr. pard. Evans Tegresta, FL 33469 INCORPORATOR The name and address of the Incorporator is: ven J. Evans 18510 SE, Loke side 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

e/Registered Agent

Signature/Incorporator