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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

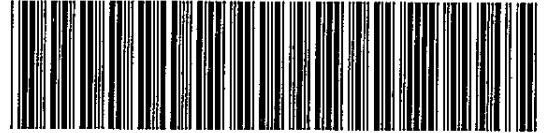
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06 JAN 23 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JAN 26 2006

**COVER LETTER**

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

**SUBJECT: ORVEL INC.**

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and 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

**ADDITIONAL COPY REQUIRED**

**FROM: ORLY GRESELY**

Name (Printed or typed)

**9181 SUNRISE LAKES BLVD. NO.311**

Address

**SUNRISE, FL 33322**

City, State & Zip

**(954) 921-7729**

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:

ORVEL INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9181 SUNRISE LAKES BLVD. NO.311, SUNRISE FL 33322

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO CONDUCT ALL LEGAL BUSINESS IN THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE HUNDRED

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

PLEASE SEE ATTACHED

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ORLY GRESELY - 9181 SUNRISE LAKES BLVD. NO.311, SUNRISE FL 33322

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

ORLY GRESELY - 9181 SUNRISE LAKES BLVD. NO.311, SUNRISE FL 33322

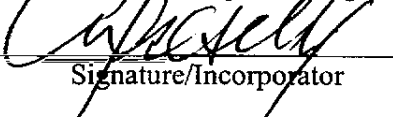
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TALLAHASSEE, FLORIDA

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*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*

  
\_\_\_\_\_  
Signature/Registered Agent

1/18/06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/18/06  
\_\_\_\_\_  
Date

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Listed below are names, addresses, and titles of Officers/Directors for Certicare Inc

**PRESIDENT:** Orly Gresely  
9181 Sunrise Lakes Blvd. No.311, Sunrise, Fl 33322

**VICE PRESIDENT:** Elizabeth Veliz  
552 Talavera Rd, Weston, Fl 33326

**TREASURER:** Orly Gresely  
9181 Sunrise Lakes Blvd. No.311, Sunrise Fl 33322

**SECRETARY:** Elizabeth Veliz  
552 Talavera Rd. Weston Fl 33326