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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 12, 1997

Division of Corporations, New Corporations
POB 6327
Tallahassee, Florida 32314

Dear Sir:

Enclosed are the Articles of Incorporation for
The Grieving Well Center, Inc. and our check for \$122.50 for
filing fees and a certified copy of the articles and a
certificate of incorporation.

Please return the documents to:

Benjamin H. Moore
1400 West Fairbanks Avenue, Ste 201
Winter Park, FL 32789

Thank you for your attention to this matter.

Sincerely,



Ben H. Moore

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3/19/97

FILED

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Grieving Well Center, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

The Grieving Well Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2802 E. Pine Street
Orlando, FL 32803

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares at a \$1.00 Par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

• Cherry B. Spielman
2802 E. Pine Street
Orlando, FL 32803

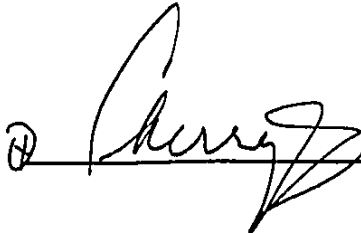
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Cherry B. Spielman
2802 E. Pine Street
Orlando, FL 32803

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12th day of March, 1997.

 _____
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: The Grieving Well Center, Inc.

2. The name and address of the registered agent and office is:

Cherry B. Spielman.

(Name)

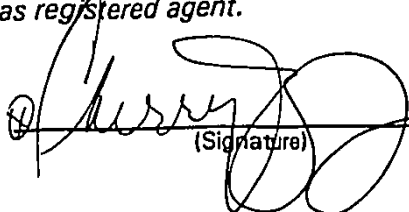
2802 E. Pine Street

(P.O. Box not acceptable)

Orlando, FL 32803

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

(Date)