

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 1617
Tallahassee, FL 32314

SUBJECT: **THE KARE GROUP, INC.**

(Proposed corporate name- must include suffix)

200002309392--3
-10/01/97--01103--020
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the
articles of incorporation and a check for:

\$70.00
Filing Fee

✓ \$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
Certified Copy

\$131.25
Filing Fee

FROM: _____

LEE SHANNON

Name (Printed or typed)

902 Jackson Way

Address

Fort Pierce, FL 34949

City, State & Zip

561-466-5667

Daytime Telephone number

RECEIVED
DIVISION OF CORPORATION
OCT - 1 PM 3:11

EFFECTIVE DATE
9-25-97
FILED
97 OCT - 1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CALL when Ready

570-9535
MARSHA.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 1, 1997

LEE SHANNON
902 JACKSON WAY
FT PIERCE, FL 34949

SUBJECT: THE KARE GROUP, INC.
Ref. Number: W97000022490

We have received your document for THE KARE GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 097A00048411

RECEIVED
97 OCT 10 PM 3:58
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

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 KARE GROUP, INC.

W.O.W.

EFFECTIVE DATE
9-25-97

ARTICLE II PRINCIPAL OFFICE

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

902 Jackson Way

Ft. Pierce, FL34949

FILED
97 OCT -1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lee Shannon
902 Jackson Way
Ft. Pierce, FL34949

ARTICLES OF INCORPORATION

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Lee Shannon, President
902 Jackson Way
Ft. Pierce, FL 34949

ARTICLE VI INCORPORATORS

Purpose

The purpose of this corporation is to promote Multi-Level Marketing Activities.

ARTICLE VII INCORPORATORS

Effective Date

The effective date of this corporations is September 25, 1997

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this
25TH day of SEPTEMBER 1997 _____

(An additional
article must be
added if

an effective
date is
requested.)

Signature

Lee Shannon, President

Signature

Signature

ARTICLES OF INCORPORATION

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 KARE GROUP, INC..**

W.O.W.

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

Lee Shannon

(NAME)

902 Jackson Way

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Ft. Pierce, FL 34949

(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.

97 OCT - 1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED