

TRANSMITTAL LETTER

P 98 0000 318 93

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

FILED  
98 APR -6 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Elder Care REVIEW, Inc.  
(Proposed corporate name - must include suffix)

000002479650--0  
-04/06/98--01052--002  
\*\*\*\*\*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,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARC Lichtman  
Name (Printed or typed)

1024 Lenox Avenue #7  
Address

MIAMI Beach FL 33139  
City, State & Zip

(305) 534.7997  
Daytime Telephone number

F. CHESSEY APR 7 1998

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Elder Care Review, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1024 Lenox Avenue #7  
Miami Beach FL 33139

### ARTICLE III SHARES

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

fwz (5)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARC LICHMAN  
1024 Lenox Avenue #7  
Miami Beach FL 33139

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARC LICHMAN  
1024 Lenox Avenue #7  
Miami Beach FL 33139



Signature/Incorporator

March 31, 1998

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

3/31/98

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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