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TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 25 PM 12:09

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

000002572360--2
-06/25/98--01063--009
*****70.00 *****70.00

SUBJECT: Family Life Financial Services, Inc.
(Proposed corporate name - must include suffix)

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: IRA M. Wolk
Name (Printed or typed)

12230 Forest Hill Blvd # 115
Address

Wellington FL 33414
City, State & Zip

(561) 227-1522
Daytime Telephone number

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

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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:

Family Life Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

12230 Forest Hill Blvd., Suite 115, Wellington FL 33414

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ira Work
12230 Forest Hill Blvd., Suite 115, Wellington FL 33414

ARTICLE V INCORPORATOR

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

Ira Work
12230 Forest Hill Blvd., Suite 115, Wellington FL 33414

Ira M. Work
Signature/Incorporator

6/23/98
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

Ira M. Work
Signature/Registered Agent

6/23/98
Date