TRANSMITTAL LETTER

P49000056089

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

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SUBJECT: Un ital town (Proposed corpor	ate name - must include su	Inc uffix)
Enclosed is an original and one(1) copy of the article		4000291 4846 -06/22/930001-013 ******* 78.75 a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Debbie Ellis Name (Pr		99 JUN 21 PM 3. SECRETARY OF STA
	State & Zip) SE

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:
United foundations, the
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
37 WOODLAKE DR., Port Orange, FC. 32119
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Debbie Ellison 37 Washaki M. Port Orange, U. 32119
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Debbir Ellison, Dir PATRICIA GALIARAO, DIR. 37 Wardlake Dr. Port Orange, H. 32129
Signature/Incorporator Ochlie Ellisis Ochlie 21, 1999 Date
Robert Ariest, Dir. 37 Wood lake D1. Port Orong (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

Date