TRANSMITTAL LETTER

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

SUBJECT:	McCoy Care 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	\$1.\$78.75	
Filing Fee	Filing Fee	
		COLLEGE

□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
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ADDITIONAL COPY REQUIRED

FROM: Brian Casey McCoy Name (Printed or typed)	
31 Cove Ln. Address	99 AUG SECRE
Eustis , FL 32726 City, State & Zip	
(352) 589-9472 Daytime Telephone number	ARY OF STATE ASSEE, FLORIDA

N99-19020 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.	

Signature/Incorporator	Date
Brian Cases Melong	8/30/99
Eustis, FL 32726	
31 Cove Ln.	
Brian Casey McCoy	
The name and address of the incorporator to these Articles	of Incorporation are:
ARTICLE V INCORPORATOR	
Firstin	FC 32726
Drian 31 Con	Casey McCoy FL 32726 Casey McCoy FL 32726
The name and Florida street address of the initial registered a	igent are:
ARTICLE IV INITIAL REGISTERED AGENT	
	AND STREET ADDRESS
100 shares common	· = .0
The number of shares of stock that this corporation is authori	zed to have outstanding at any one time is:
ARTICLE III SHARES	
Mt. Dora, FL 32757	
1934 N. Donnelly St.	
The principal place of business and mailing address of this co	orporation shall be:
ARTICLE II PRINCIPAL OFFICE	
The hame of the corporation form () () ()	
ARTICLE I NAME The name of the corporation shall be: MCCoy Ca	re Inc.
ARTICLE I NAME	

(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

Brian Cases Belog		8/30/99	
Signature/Registered Agent	***	 Date	-