TRANS IITTA TR Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 -LINIC, INC.

SUBJECT:

(Proposed corporate name - must include suffix)

100003062081---8 -12/06/99--01121--010 *****87.50 ***** \$7.50

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

\$70.00 \$78.75 ***************** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: MARCUM R. Name (Printed or typed) AN BROAL Address City, State & Zip 34736 99 DEC -6 PH 4: 1-352-479-5562 Daytime Telephone number FIL-

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: MPUTEE CARE ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 110 E. BROAD STREET SCOVELAND, FL 34736 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one 100 ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: MARCUM R. EANDALL 1142 SEMINOLE STREET ELERMONT, FL 34711 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: MARCUM R. EANDALL 1142 SEMINOLE STREET CLERMONT, FL 34711 Marcume Randay MARCUMR. Signature/Incorporator Date 1-2000 (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

Marcum & Randall DEC. 3, 1 Signature/Registered Agent