

PO1000002190

TRANSMITTAL LETTER

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

FILED
00 DEC 26 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: PBG Consulting Corporation
(Proposed corporate name - must include suffix)

600003513376--2
-12/26/00--01106--018
*****131.25 *****87.50

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: Pamela B. GARY
Name (printed or typed)

109 LAKESIDE Ct.
Address

Oldsmar, FL 34677
City, State & Zip

727-789-6670
Daytime Telephone number

Pamela Gary GAVE
AUTHORIZATION BY PHONE TO
CORRECT add incorporator
DATE to art - 1-5-01
DOC. EXAM BR

PBG
1/5

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

101-282

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

PBG Consulting Corporation

ARTICLE II PRINCIPAL OFFICE

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

*109 LAKESIDE Ct.
Oldsmar, FL 34677*

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent and incorporator is:

*Pamela B. GARY
109 LAKESIDE CT
Oldsmar, FL 34677*

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PBG Consulting Corporation

2. The name and address of the registered agent and office is:

Pamela B. GARY
(NAME)

109 LAKESIDE Ct.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Oldsmar, FL 34677
(CITY/STATE/ZIP)

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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.

Pamela B. Gary
(SIGNATURE)

12-17-00
(DATE)

Registered agent and incorporator