

P05000158283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

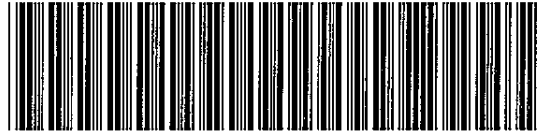
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/05/05--01001--008 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

1. Burch DEC 2 2005

**COVER LETTER**

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

SUBJECT: Meridian Consulting Group, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Clinton D. Fuhrman  
Name (Printed or typed)

3359 John Hancock Dr.  
Address

Tallahassee, FL 32312  
City, State & Zip

850-508-1061  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Meridian Consulting Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

P.O. Box 4349  
Tallahassee, FL 32315

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Consulting services

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Clinton D. Fuhrman, President  
3359 John Hancock Dr.  
Tallahassee, FL 32312

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Clinton D Fuhrman  
3359 John Hancock Dr.  
Tallahassee, FL 32312

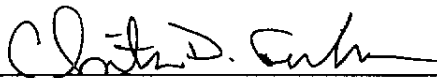
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

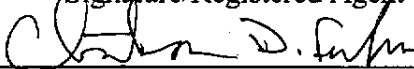
Clinton D. Fuhrman  
3359 John Hancock Dr.  
Tallahassee, FL 32312

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

12/2/05

Date

12/2/05

Date

05 DEC -2 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED