# Povoov1281091

(Re	equestor's Name)					
(Ac	ldress)					
(Ac	idress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
	<del></del>					





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6 OCT -9 WH 9:3

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# TRANSMITTAL LETTER

06 OCT -9 AM 9:33

SECRETARY OF STATE TALLARASSEE, PLORIDA

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

SUBJECT: E\_GAP CONSULTING, CORPORATION

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

## FEES:

Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy
Total to domesticate and file \$128.75

#### **OPTIONAL:**

**Certificate of Status** 

\$ 8.75

FROM: Helen Mew

Name (printed or typed)

800 E Cypress Creek Rd, #200

Address

Ft Lauderdale, FL 33334

City, State & Zip

954-491-0411

Daytime Telephone Number

# CERTIFICATE OF DOMESTICATION

Th	e undersigned, Roy Page	President							
	(Name)		(Title)						
of	E_GAP CONSULTING, INCORPORATED	•	a foi	reign coi	pora	tion,			
	(Corporation Name)				•				
in a	accordance with s. 607.1801, Florida Statutes, does herel	by:certify:							
1.	The date on which corporation was first formed was O	CTOBER 1		,	004				
2.	The jurisdiction where the above named corporation was	s-first formed	l <del>,</del> incorpora	ated, or o	other	wise			
	came into being was ILLINOIS					•			
3.	the name of the corporation immediately prior to the filing of this Certificate of Domestication								
	was E_GAP CONSULTING, INCORPORATED	· •				·•			
4.	The name of the corporation, as set forth in its articles of-incorporation, to be filed pursuant to								
	s. 607.0202 and 607.0401 with this certificate is <u>E_GA</u>	P CONSULTIN	IG, INCORI	PORATE	D.				
	<del></del>	•				<del></del>			
5.	The jurisdiction that constituted the seat, siege social, or administration of the corporation, or any other equivalent immediately before the filing of the Certificate of Dome ILLINOIS	nt jurisdiction	under app			al 			
6.	Attached are Florida articles of incorporation to comple to s. 607.1801.	te the domest	ication req	uiremen	ts pu	ırsuan			
I ar	m PRESIDENT , of E_GAP CONSULTING, INCO	RPORATED							
and	d am authorized to sign this Certificate of Domestication	on behalf of	the corpora	ition and	hav	e done			
so t	this the 5 day of OCTOBER			, 2006					
	Jag-	,		,maref					
	(Authorized Signati	ure)		<u> </u>	6				
	$\mathcal{U}$				130				
				SS:	9-9	=			
	Filing Fee:			H-2-		m			
	Certificate of Domestication		\$50.00						
	Articles of Incorporation and Certific  Total to domesticate and file	ed Copy	\$78.75 \$128.75	TATE ORIDA	چې دی				
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#### ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

06 OCT -9 AM 9: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: E\_GAP CONSULTING, INCORPORATED

#### ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: 16250 SW 26TH. STREET MIRMAR, FL. 33027

#### ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: FOR ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA

#### ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000 COMMON SHARES

# ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:
ROY PAGE
16250 SW 26TH. STREET
MIRMAR, FL. 33027

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

ROY PAGE 16250 SW. 26TH. STREET MIRMAR, FL. 33027

#### ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS: LIEBERMAN & ASOCIATES, PA. 800 EAST CYPRESS CREEK ROAD, SUITE 200 FT. LAUDERDALE, FL. 33334

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Signature/Incorporator

Date

Date