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#### TRANSMITTAL LETTER

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

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SUBJ	ECT:	CSP C	ONSULTAN	NTS, In	NC. e - must includ	le suffix)	÷.	, the state of	· · · · · ·
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X	\$70.00 Filing Fee		\$78.75 Filing Fee Certificate of Status		\$78.75 Filing Fee & Certified Copy	,	\$87.50 Filing Fee, Certified Copy & Certificate o Status		
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			<u>(32</u>	.1) 779- Daytime	8143 Telephone nui	mber		<sup>** *</sup>	

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

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#### 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

The name of the corporation shall be:

CSP CONSULTANTS, INC.

## ARTICLE II PRINCIPAL OFFICE

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

BUSINESS ADDRESS: M
110 WINDWARD WAY
INDIAN HARBOUR BEACH, FL 32937

MAILING ADDRESS: P.O. BOX 372398 SATELLITE BEACH, FL 32937-2398

#### ARTICLE III SHARES

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

10,000 SHARES (COMMON VOTING)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is: COSTAS PAPPAS 110 WINDWARD WAY INDIAN HARBOUR BEACH, FL 32937

Filing Fee: \$70.00

# ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

COSTAS PAPPAS 110 WINDWARD WAY INDIAN HARBOUR BEACH, FL 32937

The undersigned in Incorporation this	icorporator(s) has(ha	ve) executed thes day of \sum	se Articles of	
_	Signature			10 To
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	Signature			

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

# 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.

i. The hame of the c	corporation is; _		OULIANIS, INC.		the second of the second
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2. The name and add	lress of the regis	stered agent and	office is:	ر اسار	
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	COSTAS	PAPPAS			
		(Name)			The Ministration of
		• •			
		<u>DWARD WAY</u>			
	(P.O. Box or	Mail Drop Box N	IOT Acceptable)		
	INDIAN F	<u> IARBOUR BE</u>			* = . *
		(City/State/Zi	p)		

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.

(Signature) (Date)