## POOOOO/8082

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

SUBJECT:

GCSNOW

CONSULTING INC.

(Proposed corporate name - must include suffix

SECKELASEE FLORIDA

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 of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: GENALOINE SNOW

Name (Printed or typed)

500003137915---4 -02/16/00--01069--008

3305 LACEWOOD PD

Address

TAMPA FL 33618

813-932-7041

Daytime Telephone number

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

JA (II)

## 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.	SECH	00 FI	
ARTICLE I NAME	5600	8	
The name of the corporation shall be:  (USNOW) CONSULTING INC.	KRY UPS (SSEE, FLO	16 WHII: 10	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  THYPA FL 336/8	ORIDA	01:	
ARTICLE III SHARES			
The number of shares of stock that this corporation is authorized to have outstanding at any	one tim	e is:	Bed 11
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	3		
The name and Florida street address of the initial registered agent are:	-		
TAMPA FL 33618			
ARTICLE V INCORPORATOR			
The name and address of the incorporator to these Articles of Incorporation are:  (ITHINGINE C SUBW  3305 LACEWOOD PD  THYPAF FL 336/8			
Geraldine Street 2/15/00			
( Signature/Incorporator / Date			
(An additional article must be added if an effective date is requested)			

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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

Hereby accept the appointment as registered agent

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Signature/Registered Agent

Date