TRANSMITTAL LETTER

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

SUBJECT: Talon Consulting Group Inc.
(Proposed corporate name) must include suffix)

200003150872--2 -02/29/00--01013--021 *****78.75

Enclosed is an origin	nal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
		7 -	

Name (Printed or typed)

/603 Al Freel Deive

Address

Baynton Bch. Fl. 33426

City, State & Zip

954-895-8227

SECRETARY OF STATE OF STATE OF CORPORATIONS

1021

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)				
ARTICLE I NAME				
The name of the corporation shall be:				
Talon Consulting Group Inc.				
ARTICLE II PRINCIPAL OFFICE				
The principal place of business/mailing address is:				
Boynton Bch Florida 33426	0			
Doyaton Bch Florida 33926	8 <u>Š</u>			
ARTICLE III PURPOSE	SECRE IVISION			
The purpose for which the corporation is organized is:	FIGURE FAR OF C			
The purpose for which the corporation is organized is: (Profit) Consulting agency.	골목뉴			
ARTICLE IV SHARES	PH RPG			
The state of the s	STATE ORATION			
The number of shares of stock is: /OShares				
ARTICLE V INITIAL OFFICERS DIRECTORS	~			
The name(s) and address(as).				
(Pres) Tockel Themas 1603 AlFred Drive Boynton Bch. Fl. 3342 (
ARTICLE VI REGISTERED AGENT				
The name and Florida street address registered agent are:				
Todal Thomas 1603 AlFred Drive Baynton Bah. Fl. 33426				
· ·				
ARTICLE VII INCORPORATOR The name and address of the Incorporator are:				
Todd Thomas 1603 Alfred DI. Bayrlow Beh,	F/3342/			
**************************************	*****			
this certificate, I hereby accept the appointment as registered agent and agree to act in this canacity. I further as	ree to comply with			
the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar y	vith and accept the			
obligations of my position of regisfered agent	-			
Signature/Registered Agent Date				
Signature/Incorporator Date				
Todd Momas				