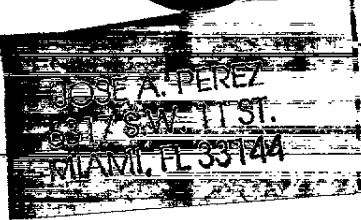


PO0000031884



City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
500003183735--9  
-03/24/00--01104--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Photocopy             |
|                                   |   | <input type="checkbox"/> Certificate of Status |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR 24 PM 6:01

Examiner's Initials

3/29/00

**CERTIFICATE OF INCORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 24 PM 6: 01

**OF**

**ODAGLED CONSULTING GROUP, INC**

We, the undersigned, hereby associated ourselves together for the purpose of becoming a corporation under the laws of the State of Florida providing for the formation of a corporation for profit, with the powers, rights, privileges and immunities hereinafter mentioned, ad we hereby make, subscribe and acknowledge and file with the Secretary of the State of Florida this Certificate of Incorporation; and to that end we do, by this Certificate, set forth:

**ARTICLE I**

The name of this corporation (which is hereinafter called the Corporation) is:

**ODAGLED CONSULTING GROUP, INC.**

**ARTICLE II**

The general nature of the business and the objects and purposes to be transacted and carried on are to do any and all things allowed and permitted to be done by corporations under the Statutes of the State of Florida, and to make and perform contracts of any kind and description, and attaining any of the objects of the Corporation, to do and perform any other act of things, and to exercise any and all powers which a co-partnership or natural person could do and exercise, and which are now, or hereafter may be authorized by law, and generally do and perform any and al things necessary or incidental to the performing or carrying out of the powers hereinabove specifically delegated or implied.

### ARTICLE III

The stock of this Corporation shall be divided into **ONE THOUSAND SHARES (1,000)** Shares of stock of the par value of **FIVE DOLLARS (\$5.00)** per share, all of one class, namely, Common Stock, and having an aggregate par value of **FIVE THOUSAND DOLLARS (\$5,000.00)**. All said stock shall be payable in cash, property, labor or services at a just valuation to be fixed by the Board of Directors at a meeting called for that purpose; property, labor or services may be purchased or paid for with the capital stock; at a just valuation to be fixed by the Board of Directors at a meeting called for that purpose.

### ARTICLE IV

The amount of capital with which this Corporation shall begin business shall be no less than ( FIVE HUNDRED ---00/100 ) = \$ 500.00.

-----

### ARTICLE V

The principal place of business of the Corporation shall be at:  
12923 Arbor Isle Dr.  
Tampa, Florida 33637

and the mailing address should be at:

6317 S.W. 11 Street  
Miami, Florida 33144

with the privileges of having branches offices within and without the State of Florida.

### ARTICLE VI

This Corporation shall have perpetual existence.

## ARTICLE VII

The names and post office address of the First Board of Directors and Officers of the Corporation, who shall hold office for the first year or until their successors are chosen shall be:

Jose A. Delgado, Jr.	P/V/S/T/D
12923 Arbor Isle Dr.	
Tampa, Florida 33637	

## ARTICLE VIII

The number of directors of the Corporation shall be at least **ONE**, but no more than **FIVE**.

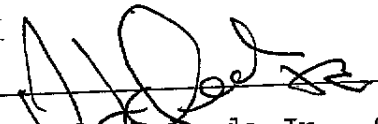
## ARTICLE IX

The name and post office address of the subscribers and the number of shares of stock that HE takes are:

Jose A. Delgado, JR.	100 SHARES
12923 Arbor Isle Dr.	
Tampa, Florida 33637	

all of the proceeds of which will amount to at least: ( \$ 500.00 )  
\_FIVE HUNDRED DOLLARS.-----  
-----

IN WITNESS WHEREOF, I have hereunto set my hands and seals, and acknowledge to  
be filled in the office of the Secretary of State the following Certificate of Incorporation,  
this 13th. day of March 2000

  
\_\_\_\_\_  
Jose A. Delgado Jr. SS 582-21-7071  
\_\_\_\_\_  
SEAL

\_\_\_\_\_  
SEAL

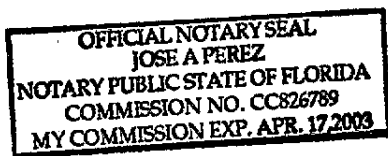
\_\_\_\_\_  
SEAL

COUNTY OF MIAMI-DADE  
STATE OF FLORIDA

BEFORE ME, the undersigned authority, duly authorized to administer oaths and take  
acknowledgments, personally appeared JOSE A. DELGADO, Well known

to me -----  
and HE acknowledged before me that HE signed the foregoing Certificate of  
Incorporation for the purpose therein stated.

WITNESS by my hand and official seal at the City of Miami, County of Dade, State of  
Florida, this 13th day of March 2000



  
\_\_\_\_\_  
NOTARY PUBLIC  
State of Florida at Large

00 MAR 24 PM 6: 02

**CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First - That ODAGLED CONSULTING GROUP, INC.  
(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA with its principal  
office, as indicated in the Articles of Incorporation at the City of TAMPA

County of HILLSBOROUGH, State of FLORIDA has named

JOSE A. PEREZ, located at:  
(Name of Resident Agent)

6317 S.W. 11 Street  
(Street address and number of building,  
Post Office Box address not acceptable)

City of Miami, County of MIAMI-DADE

State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place  
designated in this Certificate, I hereby accept to act in this capacity, and agree to comply  
with the provision of said Act relative to keeping open said office.

By Jose A. Perez  
Signature  
(Resident Agent)