P000000 40573

TRANSMITTAL LETTER

SANDICROWN BUSINESS CONSULTANTS INC.

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

SUBJECT:

500003212815---4 -04/18/00--01073--002 *****78.75 ******78.75

T BROWN APR 2 4 2000

	(Proposed corpor	rate name - must include sui	ffix)	
			,	
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for:	
\$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	STEPHEN WILSON		00 A SECF TALL/	- PRINCE
	Name (Printed or typed) 1520 28th STREET Address		APR 1.8 AM 10: 54 CRE LARY OF STATI LAHASSEE, FLORI	
	ORLANDO FLORIDA City,	32805 State & Zip	RIDA	
		2868		

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.

ARTICLE I NAME

The name of the corporation shall be:

SANDICROWN BUSINESS CONSULTANTS INC.

PRINCIPAL OFFICE ARTICLE II

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

1520 28th STREET ORLANDO FL 32805

SHARES ARTICLE III

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

TWO THOUSAND

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

STEPHEN WILSON 1520 28th STREET ORLANDO FL 32805

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

STEPHEN WILSON 1520 28th STREET ORLANDO FL 32805

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

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Date