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TRANSMITTAL LETTER

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

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SUBJECT:	PAMLIPP BUSINESS CO	NSULTANTS INC.					
	(Proposed corpor	rate name - must include su	ffix)				
	•		•				
	•		•				
4							
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:				
\$70.00	□ \$78.75	∮∕2i \$78.75	□ \$87.50				
Filing Fee	_	'Filing Fee	Filing Fes,				
T.	& Certificate of Status	& Certified Copy	Certified Copy				
			& Certificate of				
			Status				
		ADDITIONAL COPY REQUIRED					
			주의 8				
FROM:	PAMELA A. LIPP						
	Name (Pr	inted or typed)	1 1 1 1 1 1 1 1 1 1				
			23 B E				
	750 S. HIGHWAY 441, S	SUITE #138) (mg t) m				
		Address					
			E N				
	ORLANDO FLORIDA	32805	S 15				
		State & Zip	·				

- 6160719 Daytime Telephone number

5,27,00

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:

PAMLIPP BUSINESS CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

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

750 S. HIGHWAY 441 SUITE #148 ORLANDO FL 32805

<u>ARTICLE III SHARES</u>

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

ONE THOUSAND

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PAMELA A. LIPP 134 RIO GRANDE AVENUE ORLANDO FL 32805

ARTICLE V INCORPORATOR

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

PAMELA A. LIPP 134 RIO GRANDE AVENUE ORLANDO FL 32805

Signature/Incorporator

04 - 16 - 00

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

Ramela Upp		0.4		1.0		0.0	
Signature The state of the stat	•	· <u>U 4</u>	-	16		00	
Signature/Registered Agent			Date				 _