TRANSMITTAL LETTER 10000085636

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

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00 SEP - 7 PM
TALLAHASSEE, FLORIDA

SUBJECT:	Nancy M. Aiken Consulting Services, Inc.
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Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and a	check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL COI	PY REQUIRED		
FROM: Nancy M. Aiken Name (Printed or typed)					
8432 S.E. Driftwood St.					
Hobe Sound FL 33455					
		45-9543 phone number	·		

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
Nancy M. Aiken Consulting Services, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8432 S.E. Driftwood St. Hobe Sound, FL 33455
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
To perform consulting services for a fee.
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Nove to Management Agent A
Nancy M. Aiken 8432 S.E. Driftwood St. Hobe Sound, FL 33455
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Nancy M. Aiken 8432 S.E. Driftwood St.
Hobe Sound, FL 33466 *********************************
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this capacity
Signature/Registered Agent Nancy M. Aiken Date
Marey M. Jihan Signature/Incorporator 9/1/00
Nancy M. Aiken Date