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TRANSMITTAL LETTER

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

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SUBJECT:	(Proposed corporate name - must include suffix)	
	(Froposed corporate name intest more comme	

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Enclosed is an origin	nal and one (1) co	py of the articles of	of incorporation a	and a check			
for: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cor	\$131.25 Filing Fee, Certified Copy & Certificate by Required				
FROM: DAVID Me HAMMED Name (printed or typed)							
HZOZ NORTHWIND LN. Address							
TAMPA FL. 33624 City, State & Zip							
	(813) Daytime	961-7	402				

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



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GRASS HOPPER CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

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

4203 NORTHWIND LN. TAMPA FL. 33624

ARTICLE III SHARES

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

1000 Sharrs @ 1.00 par valur.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVID MOHAMMED 4203 NORTHWIND LN. TAMPA FL. 33624

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DAVID MOHAMMED 4203 NORTHWIND LN. TAMPA FL. 33624

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29th day of September, 18 2000

Articles of Incorporation Filing Fee - \$35

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The na	me of the corporation is:	GRASS HOPPER	Consoltme	Inc.
	·	<u> </u>		
2. The na	me and address of the regis	tered agent and office is:	TALLA	30 OCT
	DAVID	MOHAMMAN (Name)		4
a d	4203 No			8: 26 FLOR
		ii Drop Box <u>NOT</u> acceptable	8)	, DM
		-C. 33624 City/State/Zip)		

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) (Date)