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TRANSMITTAL LETTER

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

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-10/20/00--01045--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**ED SORP CONSULTING, INC.**

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles 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  
Status

ADDITIONAL COPY REQUIRED

FROM: **DONNA SACCO**  
Name (Printed or typed)  
**5400 S. UNIVERSITY DRIVE, #403**

Address  
**DAVIE, FLORIDA 33328**

City, State & Zip  
**(954) 680-4818**

Daytime Telephone number

FILED  
00 OCT 20 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

g/10/20

Articles of Incorporation  
of  
ED SORP CONSULTING, INC.

FILED  
00 OCT 20 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I. NAME

The name of the Corporation shall be: ED SORP CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be  
14921 NEW CASTLE LANE  
DAVIE, FLORIDA 33331

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ONE HUNDRED) 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WILLIAM R. DEPROSPERO, JR  
C/O 5400 S. UNIVERSITY DRIVE, #403  
DAVIE, FLORIDA 33328-5311

ARTICLE V INCORPORATOR


The name and address of the incorporator to these articles are: DONNA SACCO, C/O 5400 S. UNIVERSITY DRIVE, #403, DAVIE, FLORIDA 33328.

  
Signature/Incorporator

10-12-2000  
Date

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

*Having been named as registered agent and to accept services 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 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

10-13-00  
Date