TRANSMITTAL LETTER

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

The Schmidt Group, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT:

Enclosed is an original and one(1) copy of the art	icles of incorporation ar	nd a check for:	1		,
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM: Bob Schmidt Name (Pr	rinted or typed)	at at			- ;
342 Louise Circl	<u>e</u> Address	- A			ogen organ
Destin, Fl 32541	State & Zip	<u></u>	SECNET TALLARI	77	- s
850-837-7511 Daytime T	Telephone number		-7 PM N		
			TATE ORIDA		

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)

NAME

Nov 02 00 01:05p

The name of the corporation shall be: The Schmidt Group, Inc.

PRINCIPALOFFICE ARTICLE II

The principal place of business/mailing address is:

4008_Lauren Court Destin, F1 32541

PURPOSE ARTICLE III

The purpose for which the corporation is organized is: Government Contractor

ARTICLE IV SHARES

The number of shares of stock is: 1000 One Thousand

INITIAL OFFICERS/DIREC

The name(s) and address(es):

REGISTEREDAGENT

The name and Florida street address of the registered agent is:

KimArnold 90Markon Blvd

Santa Rosa Beach 32459

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Bob Schmidt 342 Louise Circle Destin, Fl 32541

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator