TRANSMITTAL LETTER 0011207 Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 **SUBJECT:** (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) 700003483397 ٠, *****87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 **3** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED JERRY MILLER FROM: Name (Printed or typed) CARE CORAL, FL 33904 City, State & Zip

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

Daytime Telephone number

941-574-2511

CB 12-6

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME
The name of the corporation shall be: EVEREST SOUTIONS, INC.
00 DEC -1 PM 3: 16
ARTICLE II PRINCIPAL OFFICE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE TALLAHASSEE, FLORIDA
The principal place of business/mailing address is: 2134 EVERET PARKWAY
CAPE CORAL, FL 33904
A DOTTOL EL VIV. DEVENDO CO
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Consulting Services
ARTICLE IV SHARES
The number of shares of stock is:
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ARTICLE V INITIAL OFFICERS DIRECTORS (optional)
The name(s) and address(es):
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> of the registered agent is:
JERRY MILLER 2134 EVEREST PARKWAY
CAPE CORAL, FL 33904
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
JERRY MILLER
2134 EVERUST PARKWAY
CAPE CORPU, FL 33904

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 Date
Signature/Registered Agent Date
Jenny Mills 10/01/2000
Signature/Incorporator Date
Date

ARTICLES OF INCORPORATION