

P 00000116132

TRANSMITTAL LETTER

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

Subject ADM Consulting Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

\$78.75
Filing Fee
& Certified Copy

\$122.50
Filing Fee
& Certified Copy
(ADD'T'L COPY REQ'D)

\$131.25
Filing Fee,
Certified Copy
& Certificate
(ADD'T'L COPY REQ'D)

FROM:	Nellie Akalp
	30141 Agoura Road, Suite 205 Agoura Hills, California 91301

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*****78.75 *****78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION
OF
ADM Consulting Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE I NAME

The name of the Corporation shall be: ADM Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

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

2983 Exeter Drive
Clearwater, Florida 33761

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is 1000 \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Anthony C. Salvetti
2983 Exeter Drive
Clearwater, Florida 33761

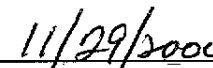
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp
30141 Agoura Road, Suite 205
Agoura Hills, California 91301

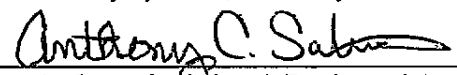


Nellie Akalp, Incorporator

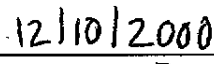


Date

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.



Anthony C. Salvetti, Registered Agent



Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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