## ## TRANSMITTAL LETTER | 10/00/03795/

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

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	The College

SUBJECT: Lovette Consulting C (PROPOSED CORPORAT	Aroup, Inc. TENAME-MUST INCLU	DE SUFFIX)	
Enclosed is an original and one(1) copy of the article			227——6 701078—022 5 *****78.75
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Jon Lovette, Promise (Pr	rinted or typed)		
1851 Long Tron	Drive, #902	Er tyte	
Viera, FL 32 City,	1955 State & Zip		

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

321-639-6444 Daytime Telephone number

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

LOVETTE CONSULTING GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1851 Long Iron Drive, #902 Viera, FL 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Research consulting services.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s) and address(es):

President = Jon Lovette, Ph.D.
1851 Long Iron Drive, #902
Viera, FL 32955

ARTICLE VI REGISTERED AGENT

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

Jon Lovette, Ph.D. 1851 Long Iron Drive, #902 Viera, FL 32955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jon Lovette, Ph.D.
1851 Long Iron Drive, #402
Viera, FL 32955

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

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Date