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TRANSMITTAL LETTER

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

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-04/23/01--01124--019
*****87.50 *****87.50

SUBJECT: _Carlsson Consulting Group, Inc._
(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   ❑ $78.75
Filing Fee   Filing Fee
                & Certificate of Status

❑ $78.75	☑ $87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: ANITA LEWIS-CARLSSON
Name (Printed or typed)

5415 Lake Howell Rd #248
Address

Winter Park, FL 32792
City, State & Zip

407-252-8438
Daytime Telephone number

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

Anita _____ GAVE
AUTHORIZATION BY PHONE TO
CORRECT _Art II_
DATE _4-25-01_
DOC. EXAM _BL_

CB425

ARTICLES OF INCORPORATION

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

ARTICLE I   NAME

The name of the corporation shall be Carlsson Consulting Group, Inc.

ARTICLE II   PRINCIPAL OFFICE

The principal place of business/mailing address is:

5415 Lake Howell Road #248
Winter Park, Florida 32792

ARTICLE III   PURPOSE

The purpose for which the corporation is organized is to provide professional consulting services for profit in the State of Florida

ARTICLE IV   SHARES

The number of shares of stock is 100 shares

ARTICLE V   INITIAL OFFICERS/DIRECTORS

The names and addresses of the officers of said corporation are:

Anita Lewis-Carlsson
5415 Lake Howell Road #248
Winter Park, Florida 32792

ARTICLE VI   REGISTERED AGENT

Anita Lewis-Carlsson
5415 Lake Howell Road #248
Winter Park, Florida 32792

ARTICLE VII   INCORPORATOR

The name and address of the incorporator is:

Anita Lewis-Carlsson
5415 Lake Howell Road #248
Winter Park, Florida 32792

_____   4-19-01
Signature/Incorporator/Registered agent   Date
I hereby accept the designation as registered agent