SUBJECT: Hoffman Consulting, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and (1) copy of the articles of incorporation and a check for:

X \$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

\$78.75 ing Fee

Filing Fee & Certified Copy \$87.50 Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Angela Gantt	000004542080s -08/20/0101069018 ******70.00 ******70.00		
Name (Printed or Typed)	•		
3355 W. Vine St., Ste 102 Address	·	The second se	
Kissimmee, FL 34741 City, State & Zip			· — · · · · · · · · · · · · · · · · · ·
407-931-2344 Daytime Telephone number		FIL 01 AUG 20 SECRETARY TALLAHASSE	

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

Y SMITH AUG 2 2 2001



ARTICLES OF INCORPORATION (FLORIDA)

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: Hoffman Consulting, Inc.

ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: 3143 Pinto Dr., Kissimmee, Fl 34746.

ARTICLE III - Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000,000

ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: Richard A. Hoffman, 3143 Pinto Dr., Kissimmee, Fl 34746.

<u>ARTICLE V</u> - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Richard A Hoffman, 3143 Pinto Dr., Kissimmee, Fl 34746.

ARTICLE VI - Officers

The officers of the corporation will be:

President - Richard A. Hoffman

3143 Pinto Dr. Kissimmee, Fl 34746 Signature of Incorporator

Signature of Incorporator

Date

Having 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.

Signature of Registered Agent

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TALLAHASSEF, FLORIGA