| Tohn Mastia Phone 50 Windstorm Consulting 1600 S. Dixie Hwy | 01/1748<br>61 620.0860<br>Group<br>#508 | 900004718702<br>******78.75 | りると一項打 |
|---|---|-----------------------------|--------|
| oca Raton State FL ZIP                                      | 33 43 2                                 | Office Use Only             |        |
| CORPORATION NAME(S) & DOC                                   | UMENT NUMBER(S), (ii                    | known):                     |        |
| I   |   |                             |        |
| (Corporation Name)  | (Document #)                            |                             |        |
| 2. (Corporation Name)                                       | (Document #)                            |                             |        |
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| 4. (Corporation Name)                                       | (Document #)                            |                             |        |
| Walk in Pick up time  | · <u></u> -                             | ☐ Certified Copy            | - 3    |
| ☐ Mail out ☐ Will wait                                      | Photocopy                               | Certificate of Status       |        |
| NEW FILINGS   | AMENDMENTS                              |                             |        |
| Profit  |   | ·                           |        |
| Not for Profit  | Amendment Resignation of R              | A., Officer/Director        |        |
| Limited Liability   | Change of Regist                        | ered Agent                  |        |
| Domestication Other   | Dissolution/With Merger                 | drawal                      |        |
| OTHER FILINGS   | REGISTRATION/Ō                          | UALIFICATION                |        |
| Annual Report   | ☐ Foreign                               |                             | -      |
| Fictitious Name   | Limited Partnersh                       | nip                         |        |
|   | Reinstatement Trademark Other           |                             |        |
|   |   | Examiner's Initials         |        |
| TR2E031(7/97)   |   | Examiner 8 minuals          |        |

**DEC 1** 2 2001

# ARTICLES OF INCORPORATION OF





The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: WINDSTORM CONSULTING GROUP, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing adresss of this corporation shall be: 1600 SOUTH DIXIE HIGHWAY SUITE 508 BOCA RATON, FLORIDA 33432

## ARTICLE III CAPITAL STOCK

The number of shares of the stock that this corporation is authorized to have outstanding at any time:

1,000 shares \$1.00 per share value common stock

# ARTICLE IV NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT

The name and address of the inital registered agent is: JOHN MAFFIA
1600 SOUTH DIXIE HIGHWAY SUITE 508
BOCA RATON, FLORIDA 33432

# ARTICLE V INCORPORATOR(S)

The name (s) and address (es) of the incorporator(s) to these Articles of Incorporation (are):

JOHN MAFFIA 1600 SOUTH DIXIE HIGHWAY SUITE 508 BOCA RATON, FLORIDA 33432

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 28th day of NOVEMBER, 2001

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

SERVELLA SONO SONO PURSUANT TO THE PROVISIONS OF SECTIONS 607,0501 OR 617,0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITTS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS: WINDSTORM CONSULTING GROUP, INC 1600 SOUTH DIXIE HIGHWAY SUITE 508 **BOCA RATON, FLORIDA 33432** 

2. THE NAME AND THE REGISTERED AGENT AND OFFICE IS: JOHN MAFFIA 1600 SOUTH DIXIE HIGHWAY SUITE 508 **BOCA RATON, FLORIDA 33432** 

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT OF REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS, 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.

DATE: NOVEMBER 28TH, 2001