P0200020047

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

SUBJECT: TCOF Consulting, Incorporated

500004946925--2 -02/18/02--01030--020 *****87,50 *****87,50

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

ADDITIONAL COPY REQUIRED

\$70.00 Filing Fee

0 \$78.75

Filing Fee

& Certificate of Status

0 \$78.75

Filing Fee & Certified Copy

\$87.50 Filing Fee,

Certified Copy &

Certificate of Status

FROM:

James. D. Noland, Jr. 21218 St. Andrews Blvd. #414 Boca Raton, FL 33433 Daytime Telephone number:561-239-8316

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

02 FEB 18 PM 4: 05
SEUTH ARY OF STATE
TALLAHASSEE, FLORID

AUTHORIZATION BY PHONE TO CORRECT O DATE DOC. EXAM

CERTIFICATE OF INCORPORATION

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

02 FEB 18 PH 4: 05

SECULIMRY OF STATE

The undersigned, for the purpose of forming an Florida profit corporation phis land to the provisions of Chapter 607 and/or Chapter 621, F.S. (Profit), do hereby execute the following certificate of incorporation:

- 1. The name of the corporation is: TCOF Consulting, Incorporated
- 2. The name of the registered agent and the street address of the registered office in the State of Florida is:

James. D. Noland, Jr.

21218 St. Andrews Blvd. #414

Boca Raton, FL 33433

The principal address is the same.

- 3. The duration of the corporation is: Perpetual
- 4. The purpose or purposes for which the corporation is formed are: To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Florida.
- 5. The aggregate number of shares which the corporation shall have the authority to issue, the designation of each class, the number of shares of each class, and the par value of the shares of each class are as follows: 1,500 Shares with no par value
- 6. If the powers of the incorporator(s) are to terminate upon the filing of the certificate of incorporation, the names and mailing addresses of the persons who are to serve as director(s):
 - 7. The name and mailing address of the undersigned incorporator(s): James. D. Noland, Jr. 21218 St. Andrews Blvd. #414 Boca Raton, FL 33433
 - 7. The effective date of these articles is the date of filing.

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 hature/Registered Agent Date Date

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