

TRANSMITTAL LETTER

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

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-07/23/02--01040--001
*****78.75 *****78.75

SUBJECT: KEITH MARKHAM CONSULTING, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: KEITH MARKHAM
Name (Printed or typed)

2150 COLLIER AVE, SUITE A
Address

FT. MYERS, FL 33901
City, State & Zip

941-931-1050
Daytime Telephone number

[Handwritten Signature]

SECRETARY OF STATE
TALLAHASSEE FLORIDA

02 JUL 23 AM 9:17

FILED

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

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:
Keith Markham Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
**1121 22nd AVE NE
Naples, FL 34120**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To transact any lawful business permitted by the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
One thousand shares (1,000).

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name, address and title:
**Keith Markham
1121 22nd AVE NE
Naples, FL 34120
President, Secretary, Director**

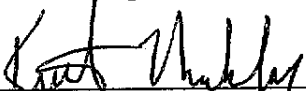
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
**Keith Markham
1121 22nd AVE NE
Naples, FL 34120**

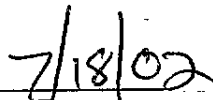
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
**Keith Markham
1121 22nd AVE NE
Naples, FL 34120**

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.



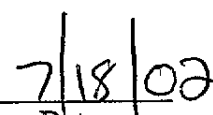
Signature/Registered Agent



Date



Signature/Incorporator



Date

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TALLAHASSEE FLORIDA

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