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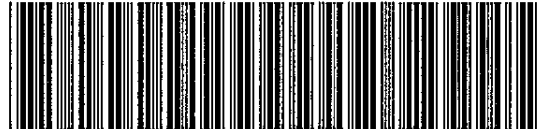
Roseann Hamilton GAVE

AUTHORIZATION BY PHONE TO

CORRECT Art. VII

DATE 12-4-02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: M & R CONSULTANTS 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: ROSEANN HAMILTON
Name (Printed or typed)

1506 STARLIGHT COVE
Address

TARPON SPRINGS, FL 34689
City, State & Zip

727-945-9175 or 727-992-2322
Daytime Telephone number

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:

M & R CONSULTANTS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1506 STARLIGHT COVE
TARPOON SPRINGS, FL
34689**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LEGAL BUSINESS ENDEAVORS
ALL**ARTICLE IV SHARES**

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

PRESIDENT - Roseann Hamilton 1506 STARLIGHT COVE TARPOON SPRINGS, FL 34SECRETARY - Roseann Hamilton 1506 STARLIGHT COVE TARPOON SPRINGS, FL 34689TREASURER - Roseann Hamilton 1506 STARLIGHT COVE TARPOON SPRINGS, FL 34689**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ROSEANN HAMILTON
1506 STARLIGHT COVE
TARPOON SPRINGS, FL 34689**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROSEANN HAMILTON
1506 STARLIGHT COVE
TARPOON SPRINGS, FL. 34689

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

Roseann Hamilton
Signature/Registered Agent11-21-02
DateRoseann Hamilton
Signature/Incorporator11-21-02
DateFILED
02 NOV 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA