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TRANSMITTAL LETTER

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

SUBJECT:	Johanna Ojeda (proposed corpora	Consulting TENAME-MUSTINGIA	DE SUFFIX)
Enclosed are an original	inal and one (1) copy of the artic	cles of incorporation and	a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Michael W. Name	Fuller Printed or typed) 23 / address	
-	,,	1 3355 State & Zip	6

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

. <u>ARTICLE I NAME</u>
The name of the corporation shall be:

JOHANNA OJEDA CONSULTING, Anc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19133 GUNN Highway

ODESSA, FL 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and ALL Legal purpuses

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Michael W. Fuller 2701 W. Busch Blud # 141

Tampa, 71 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael w. Folka 2701 W. Busch Blad. #141

Tamps, 71 33616

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