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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				
SUBJECT: PROPOSED CORPOR	SON CONSULTING, INC. ATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the a	rticles of incorporation and a check for:			
Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: PAUL Johnson Name (Printed or typed)				
5007 N BAY RD Address				
MIRMI BUH, FL 33140 City, State & Zip				
(205) 467-3756 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 62	21, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: P Johnson Consulting Inc.		83
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5007 north bay Rd. Miami Fl. 33140	بر المحمد ال	03 FEB 12 MM 10: 30
ARTICLE III PURPOSE The purpose for which the corporation is organize any purpose lawful under the la of the state Of. Florida and the	d is: ws LUSA	
The number of shares of stock is:	· • ·	en t
ARTICLE V INITIAL OFFICERS/DIRE The name(s), address(es) and title(s): Paul Johnson Sou7 north buy Ad, Miamii beach Ft. 37140	CTORS (optional) 	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the regis Paul Johnson 5007 Morth by Rd. Morani FL. 77140		
The name and address of the Incorporator is: PAUL SOHNSON 5007 N RAY RD MIAMI BEACH, EL 33140	-	
**************************************	process for the above stated co	orporation at the place designated in thi
Poul John Signature/Registered Agent		2/3/03 Date
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Signature/Incorporator