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TRANSMITTAL LETTER

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

	inal and one (1) copy of the art		
\$70.00	\$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Jennifer Si	(Printed or typed)	- PMP
ب	584 Orange	Address #/	06
Į.	Altamonte.	Springs,	FC 32701
	407-831-1	907	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	
Strickland Project Consulting, Lacis	•
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	1
The principal place of business/mailing address is: \$\\\ 584 Orange Drive Drive \$\\\\ 4/06, Altamoste Springs, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
The purpose for which the corporation is organized is: The purpose for which the corporation is organized is: The purpose for which the corporation is organized is: The purpose for which the corporation is organized is: The purpose for which the corporation is organized is: The purpose for which the corporation is organized is:	
	<u>ح ک</u>
ARTICLE IV SHARES The number of shares of stock is:	
100% = 100 Shares	
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:	
Y C S In Itit	
Jennifer S. Louttit	0/
Denniter . Lower 11 . Lough Jamonte Sangs, Fix 3270	,
ADDICE THE THEODRODATION	
The name and address of the Incorporator is:	F 17.7
7 Co. S. I Muthit	
Jenniter ~ Testing Alfamonde James, M.	
The name and address of the Incorporator is: Jennifer S. Lowtit B4 Orange Dr. #106, Al-famonte Sangs, R 32701	45.50

certificate, It am familiar with and accept the appointment as registered agent and agree to act in this capacity	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Signature Registered Agent Date	
pair /	٠ ڀــ
(Show 1. XXX SM Fernifer 5. Laut 17, 19403/26/03	
Signature incorporator Date	

ARTICLES OF INCORPORATION