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· (Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies, Certificates of Status				
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ALLAHASSES FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: i	CEVETERMINEL	RATE NAME - MUST INCL		
	(PROPOSED CORPO	RATE NAME - <u>MUST INCL</u> I	ODE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the	articles of incorporation and	l a check for:	
	77.			
\$70.00	№ \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
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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)

SECRETARIE OF STATE
ALLAHASSEE, FLORIDA

ARTICLE I NAME

Predetermined Profit, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2063 Ackola Point Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide consulting services to business clients.

ARTICLE IV SHARES

The number of shares of stock is:1,000.

ARTICLE V REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is: Robert C. Sanford 1230 Palmer Terrace Jacksonville, FL 32207

<u>ARTICLE VI INCORPORATOR</u>

The <u>name and address</u> of the Incorporator is: RSB Consulting, LLC 2063 Ackola Point Longwood, FL 32779

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

Robert (Sunford Signature/Registered Agent	4/1/03
Signature/Registered Agent	Date
Nobert (, Sanford Signature/Incorporator	4 LI U3 Date