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EFFECTIVE DATE 5-1-03 (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) **Certified Copies** Certificates of Status_ Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

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

City, State & Zip

Daytime Telephone number

954-435-9919

Tallahassee, FL 32314	
SUBJECT:	HLM CONSULTING CORP. (Proposed corporate name - must include suffix)
Enclosed is an	original and (1) one copy of the Articles of Incorporation and a check for \$78.75
FROM:	GELBER AND COMPANY
	Name
	11450 INTERCHANGE CIRCLE NORTH
	Address MIRAMAR, FL 33025



FILED 03 MAY -5 AM 9: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HLM CONSULTING CORP

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

240 SW 15TH ROAD, #101 MIAMI, FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MARKETING CONSULTING

ARTICLE IV ____SHARES

The number of shares of stock is: 100

ARTICLE V REGISTERED AGENT

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

HEATHER LYNN McDONOUGH 240 SW 15TH ROAD, #101 MIAMI, FL 33129

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

HEATHER LYNN McDONOUGH 240 SW 15TH ROAD, #101 MIAMI, FL 33129

ARTICLE VII EFFECTIVE DATE

The effective date of this corporation shall be: MAY 1, 2003

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Data