

A0300005562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

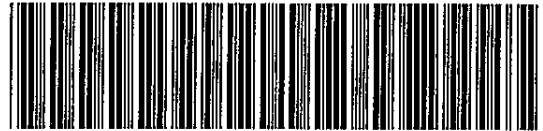
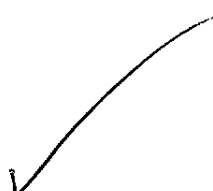
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY 12 PM 3:01

FILED

TRANSMITTAL LETTER

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

SUBJECT: THINK TWICE CONSULTING SERVICES, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DR. AKABOM M. EFFIONG
Name (Printed or typed)

17821 NW 44TH AVE.
Address

MIAMI, FLORIDA, 33055
City, State & Zip

(305) 624-0223
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 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

THINK TWICE CONSULTING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

17821 NW 44th AVE.
MIAMI, FL. 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE CONSULTING SERVICES TO CHILD CARE PROVIDERS-TO-BE, ETC.

ARTICLE IV SHARES

The number of shares of stock is:

100 at \$10 = per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DR. A. M. EFFIONG, DBA
PRESIDENT, CEO
17821 NW 44th AVE.
MIAMI, FL. 33055

ARTICLE VI REGISTERED AGENT

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

DR. A. M. EFFIONG, DBA
17821 NW 44th AVE.
MIAMI, FL. 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR. A. M. EFFIONG, DBA
17821 NW 44th AVE.
MIAMI, FL. 33055

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

Dr. A. M. Effiong, DBA
Signature/Registered Agent

Dr. A. M. Effiong, DBA
Signature/Incorporator

05/8/03
Date

05/8/03
Date

FILED
03 MAY 12 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA