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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

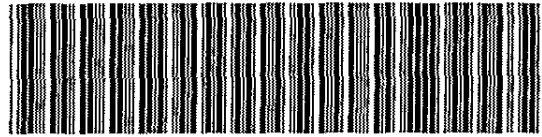
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3000 6/20

TRANSMITTAL LETTER

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

SUBJECT: BEST COAST CONSULTING, INC

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:
\$ 78.75 for filing fee and certificate of Incorporation for the above referenced.

Please forward completed documents to:

**QUICKSILVER X.CHANGE CO
5974-111TH PLACE
PINELLAS PARK, FL 33782
PHONE: 1-727-544-2211
FAX: 1-727-545-0014**

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

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be: **BEST COAST CONSULTING, INC**

ARTICLE II - PRINCIPAL OFFICE

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

**3950 JENITA DRIVE
PALM HARBOR, FL 34685**

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares

**ARTICLE IV - INITIAL REGISTERED AGENT
AND STREET ADDRESS**

The name and address of the initial registered agent is:

**GERALD EDDY
3950 JENITA DRIVE
PALM HARBOR, FL 34685**

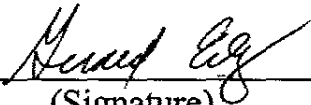
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ARTICLE V - INCORPORATOR

The name and street address of incorporator to the Articles of Incorporation is:

**GERALD EDDY
3950 JENITA DRIVE
PALM HARBOR, FL 34685**

The undersigned incorporator has executed these Articles of Incorporation this 17 day of JUNE, 2003.



(Signature)

NOTARIZATION IS NOT REQUIRED

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT /REGISTERED OFFICE**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT OF DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Best Coast Consulting, Inc**
2. The name and address of the registered agent and office is:

GERALD EDDY
3950 JENITA DRIVE
PALM HARBOR, FL 34685

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.

Gerald Eddy
(Signature)

6/17/03
(Date)

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