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## TRANSMITTAL LETTER

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

SUBJECT:   (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is 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:				
Jelani L. Burd Name (Printed or typed)				

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: 2/E ING. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3539 Apalachee Pkwy. Sunte 129 Tallahassee, FL 32311 ARTICLE III PURPOSE The purpose for which the corporation is organized is: BUSINESS CONSULTING ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Jeloni Byrd - President 1320 iche Ave, 429 Tollahasse, FL 33310 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Jelani Byrd 1320 LCIVE AVE, \$219 TOUCHOUSSEE, FL 38310 ARTICLE VII <u>INCORPORATOR</u> The name and address of the Incorporator is: Jeloni Burd 1320 Lake Ave, #219 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