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TRANSMITTAL LETTER

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

SUBJECT:	- 3Ts Cou	nsulting, Inc	c:
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00	\$78.75	□ \$78.75	□ \$87.50
v	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	
		<u> </u>	
FROM:	ANEASH	TIWARI	
	Name ((Printed or typed)	
	4501 E	Hwy 311	6
•	A	Address	
	~ ~ A	C1	
	CIRA City	FL 3211	<u>3</u>
	Ony,	Senior on Make	
	352-595	(- 5116	
•	352 - 595 - 5116 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 ARTICLE I NAME	, F.S. (Profit) 03 DEC 30 PM 1: 39 SECRETARY OF STATE FAIL AHASSEF FLORIDA
The name of the corporation shall be: 31s	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	4501 E Hwy 316 Citra, FL 32113
ARTICLE III PURPOSE The purpose for which the corporation is organized	is:
ARTICLE IV SHARES The number of shares of stock is: (000	shares
ARTICLE V INITIAL OFFICERS AND/O	R DIRECTORS
List name(s), address(es) and specific title(s):	ANEASH TIWARI
President / CEO -	•
VICE President -	DHANES - TIWARI
SECRETARY -	BHOMAWATEE: TIWARI
ARTICLE VI REGISTERED AGENT	PHONE HOLLING
The name and Florida street address of the register	red agent is: ANEASH TIWARI
	4501 E. HWY 316 CITRA, FL 32113
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	ANEASH TIWARI
	4501 E HWY 316
	CITRA, FL 32113
***********	**************
Having been named as registered agent to accept service of pre- certificate, I am familiar with and accept the appointment as re	rocess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity
A Luvari	in b-122
Signature/Registered Agent	

A Lwari
Signature/Incorporator