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(Requ	estor's Name)
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docui	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
		:

Office Use Only

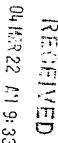


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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up

Walk-In

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		Foreign Corp. File	
		L.C. File	
		Fictitious Name File	
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		RA Resignation	6 JE **
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		Certificate of Good Standing	<u> </u>
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	·	Certificate of Fictitious Name	# 05 m
	-	Corp Record Search	
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ARTICLES (YE INTOODDO	DATION	
			er 621, F.S. (Profit)
an outsplaned in	ici Cimpioi 007 0	is a compre	, 1, (1 10111)
ARTICLE I	NAME		
The name of the	corporation shall	be:	
Sh. A. H	Counse	lling	INC

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: \$200 NW 405+

Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is

The purpose for which the corporation is organized is:

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):

Signature/Incorporator

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
Rachel-Avivit Dadon
8200 NW 40 St.
Coral springs, FC, 33065 ARTICLE VII INCORPORATOR
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Rachel-Arivit Dadon
Rachel-Arivit Dadon 8200 NW 40 St.
Coral Springs FL 33065

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

Signature/Registered Agent

Date

03-12-04

Date

03-12-04