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# TRANSMITTAL LETTER

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

SUBJECT: Prote	ege Consultants, Inc.		
	(PROPOSED CORPORA	THE NAME - MUSTINGL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	<b>□</b> \$78.75	\$78.75	<b>☑</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1 mmg 1 cc	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
		<u></u>	
FROM: N	larianne Reilly		
110111	Name	e (Printed or typed)	
	1149 Deardon Drive		
		Address	<del></del>
	Venice, Florida 34292		
	City	, State & Zip	<u> </u>
	•	-	
	941-468-7937		
	Daytime	Telenhone number	<del></del>

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



RECEIVED

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

TALLAHADORF FLORICA

May 19, 2004

MARIANNE REILLY 1149 DEARDON DRIVE VENICE, FL 34292

SUBJECT: PROTEGE CONSULTANTS, INC.

Ref. Number: W04000019403

We have received your document for PROTEGE CONSULTANTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch **Document Specialist** New Filings Section

Letter Number: 704A00035055

Der alterand And Charge

# 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:

Protege Consultants, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1149 Deardon Drive Venice, Fl 34292

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting Services

#### ARTICLE IV SHARES

The number of shares of stock is:

a 100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

### ARTICLE VI REGISTERED AGENT

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

Marianne Reilly 1149 Deardon Drive Venice, Fl. 34292

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Same as above- Marianne Reilly 1149 Deardon Drive Venice, Fl. 34292

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

5/7/2004 Date

5/7/2004

Date

Signature/Incorporato

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