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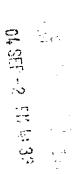
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## TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Subject Book Smart Consulting, Inc. Enclosed is an original and two (2) copies of the articles of incorporation and a check for \$70.00 **⊠** \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certified Copy Certified Copy & Certificate (ADDITIONAL COPY REQUIRED)

> Agoura Hills, California 91301 City, State & Zip

30141 Agoura Rd., Suite 205,

Nellie Akalp Name

Address

FROM:

818-879-9079 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

## ARTICLES OF INCORPORATION OF Book Smart Consulting, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

## **NAME** The name of the Corporation shall be: Book Smart Consulting, Inc. PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1116 Blackjack Ridge St. Minneola, Florida 34715 ARTICLE III *SHARES* The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 at \$0.01 par value per share. *ARTICLE IV INITIAL DIRECTORS* The name(s) and address(s) of the initial Director(s) is/are: Tracy Horgeshimer 1116 Blackjack Ridge St. Minneola, Florida 34715 INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent is: Tracy Horgeshimer 1116 Blackjack Ridge St. Minneola, Florida 34715 INCORPORATOR The name and address of the incorporator to these Articles of Incorporation is: Nellie Akalp 30141 Agoura Rd., Suite 205 Agoura Hills, California 91301 Nellie Akalp, Incorporator 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.

Date

Tracy Horgeshimer, Registered Agent