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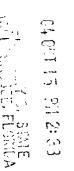
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PICK-UP	☐ WAIT	MAIL
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TRANSMITTAL LETTER

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

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig \$70.00 Filing Fee	inal and one (1) copy of the art \$78.75 Filing Fee	\$78.75 Filing Fee	2 \$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status

FROM: Robert E, Jacob	- - -	Q
Name (Printed or typed)		-C
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2614 Aston Circle	<u>ئە</u> رى	
Address	171 -<	ST.
	£ CF	7
Melbourne, FL 32940	r ⊢on	55
City, State & Zip	TATE OF:IDA	ယ
321.223.2160		
Daytime Telephone number		

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

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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:

RE Jacob Consulting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2535 Summer Brook Street, Melbourne, FL 32940

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 50 shares valued at \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert E. Jacob President 2614 Aston Circle Melbourne, FL 32940

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Robert E. Jacob 2614 Aston Circle Melbourne, FL 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert E. Jacob 2614 Aston Circle Melbourne, FL 32940

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, amfamiliar with and accept the appointment as registered agent and agree to act in this capacity /

Signature/Registered Agent 7086RTE. JACOB

10/12/04

Signature/Incorporator ROBERT E JACON