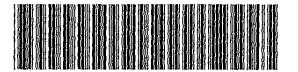
P04000158930

(Re	equestor's Name	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		}





100042790881

11/18/04--01037--004 **87.50

OF NOV 18 AND 20

c.J.11123

TRANSMITTAL LETTER

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

UST INCLUDE SUFFIX)
oration and a check for:
Filing Fee, d Copy Certified Copy & Certificate of Status DNAL COPY REQUIRED

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

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:

FAP CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8957 PROVINCE ST. SARASOTA FL. 34240

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ADVERTISING SALES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FRANK A, PELLEGRINO 8957 PROVINCE ST. SARASOTA FL. 34240 , PRESIDENT

ARTICLE VI REGISTERED AGENT

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

FRANK A.PELLEGRINO 8957 PROVINCE ST. SARASOTA FL. 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANK A. PELLEGRINO 8957 PROVINCE ST. SARASOTA FL. 34240

**************	*************************
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent an	
Tue 1. Fills:	11/16/04
Signature/Registered Agent	Date
Tala. 100	11/16/04
Signature/Incorporator ()	Date

EGRETARY OF STATE