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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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March 11, 2005

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

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Re: Global Consulting Enterprises , Inc.
Gentlemen:
Enclosed please find the original and one copy of the Articles of Incorporation, together with methods in the amount of \$70.00.
This represents the cost of the Filing Fees and Fee for Registered Agent Designation for the above named corporation.
Very truly yours.
Global Consulting Enterprises, Inc. (Name of Corporation)
MAILING ADDRESS OF CORPORATION 2 Wainwood Place Palm Coast, FL 32164
(386) 793-6073 Area Code Number Ext.

· ARTICLES OF INCORPORATION

		of	FIL 2005 APR -7
	G	lobal Consulting Enterprises, 1	inc.
-		(name of corporation)	2005 APR - 7
		porators of a corporation under the F poration for such corporation:	
The na	me of the corporation is:	ARTICLE I - CORPORATE NAM	E
		Global Consulting Enterprises, In	c
This co	rporation shall exist perpetua	ARTICLE II - DURATION lly unless dissolved according to Fl	orida law.
The co	rporation is organized for the he United States and the State	ARTICLE III - PURPOSE purpose of engaging in any activities of Florida.	es or business permitted under the
	ARTI	ARTICLE IV - CAPITAL STOCK e 100 shares of common stock, CLE V - INITIAL PRINCIPAL OF ipal office and, if different, the main	par value \$ 1.00 per share.
STREET	ADDRESS		
,	2 Wainwood Place		
CITY	Palm Coast	FLORIDA	ZIP 32164
Mailin	g address, if different		
STREET	ADDRESS Same as al	oove	
CITY			ZIP
The str		- INITIAL REGISTERED OFFICE tered office and the name of the init	
NAME	Marcin Waszkiewicz		
ADDRES	S 2 Wainwood Place	32.	· · · · · · · · · · · · · · · · · · ·

FLORIDA

CITY

Palm Coast

ZIP 32164

ARTICLE VII - INITIAL BOARD OF DIRECTORS

NAME	Marcin Waszkiewicz	·		
ADDRESS	2 Wainwood Place			
CITY	Palm Coast	STATE FL	ZIP 32164	
NAME				
ADDRESS	1 20 mm to make a 1 m			
CITY		STATE	ZIP	
NAME			· · · · · · · · · · · · · · · · · · ·	
ADDRESS				
CITT I		STATE	ZIP	
The names a	AR and address of the incorporators s Marcin Waszkiewicz 2 Wainwood Place	TICLE VIII - INCORPORATOI	RS	
The names a NAME ADDRESS	and address of the incorporators s Marcin Waszkiewicz 2 Wainwood Place	FICLE VIII - INCORPORATOR	RS ration are as follows:	
The names a NAME ADDRESS CITY	and address of the incorporators s	TICLE VIII - INCORPORATOI	RS	
NAME ADDRESS CITY NAME	and address of the incorporators s Marcin Waszkiewicz 2 Wainwood Place	FICLE VIII - INCORPORATOR	RS ration are as follows:	
The names a NAME ADDRESS CITY	and address of the incorporators s Marcin Waszkiewicz 2 Wainwood Place	FICLE VIII - INCORPORATOR	RS ration are as follows:	
The names a NAME ADDRESS CITY NAME ADDRESS CITY	and address of the incorporators s Marcin Waszkiewicz 2 Wainwood Place	FICLE VIII - INCORPORATOR Signing these Articles of Incorporation STATE FL	RS ration are as follows: ZIP 32164	
The names a NAME ADDRESS CITY NAME ADDRESS	and address of the incorporators s Marcin Waszkiewicz 2 Wainwood Place	FICLE VIII - INCORPORATOR Signing these Articles of Incorporation STATE FL	RS ration are as follows: ZIP 32164	

_(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

					FILES
				2005 AF	>c D
	Global Cons	sulting Enterpris	ses, Inc.	TALLAHAS	FILED PR-7 P 2: 0 ARY OF STATE SSEE, FLORIDA
Pursuant of F	Florida Statutes Sections 48.091	l and 607.0501, the	e following is		i a a a a a a a a a a a a a a a a a a a
The above co	orporation, organized under the	laws of the State of	of Florida with	h its registered	office
as indicated i	in the Articles of Incorporation				•
at	2 Wainwood Place				. ≱. <u>:</u> च=.
	Palm Coast, FL 32164		·		
has named _			· · · · · · · · · · · · · · · · · · ·		
located at the	e aforesaid address, as its regist	tered agent to accer	ot service of p	process within	this
state.					•
Having been	named as registered agent and	to accent service o	of process for	the above state	ed
Ŭ	at the place designated in this co	~	-		
	ent and agree to act in this capa				sions of
0	elating to the proper and comple			7	
	ne obligations of my position as				
Mapa	Medicen,		March 11, 20	005	

(Signature)

(Date)