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# TRANSMITTAL LETTER

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

SUBJECT:	Professional Experience Consulting, Inc.				
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	i a check for:		
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
FROM:	GREGORY NAES  Name (Printed or typed)				
867 Kersfield Circle					
Lake Mary, FL 32746					
	City, State & Zip				
	(770) 862-0305				
Daytime Telephone rumber					

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

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JECRETARY OF STATE TALL AHASSEF, FLORIDA

## 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:

Professional Experience Consulting, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

867 Kersfield Circle Lake Mary, FL 32746

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Optical And Financial Consulting Services

### ARTICLE IV SHARES

The number of shares of stock is: 1000

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Gregory Naes

President

867 Kersfield Circle Lake Mary, FL 32746

### ARTICLE VI REGISTERED AGENT

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

Gregory Naes 867 Kersfield Circle Lake Mary, FL 32746

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gregory Naes 867 Kersfield Circle Lake Mary, FL 32746

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 / InCorporator

04/27/2005

Date