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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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05 MAY 17 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**leslie consultants inc**

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|-----------------------|---------|
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5/18/05  
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③

STATE OF FLORIDA  
ARTICLES OF INCORPORATION  
OF

LESLIE CONSULTANTS INC

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation:

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FIRST: The name of the Corporation is:

LESLIE CONSULTANTS INC

SECOND: The period of its duration is perpetual.

THIRD: The purpose or purposes for which the corporation is organized are:

To engage in the transaction of any or all lawful business for which corporations may be incorporated under the provisions of the Florida General Corporation Act.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is:

One Thousand Shares (1,000) at \$1.00 par value.

FIFTH: The street address of the initial registered and principal office of the Corporation shall be:

4506 N.W. 45th STREET  
TAMARAC FL 33319

and the name of its initial Registered Agent at such address is:

BETTY LESLIE

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**SIXTH:**

The number of Directors constituting the initial Board of Directors of the Corporation are 1, and the name and address of the person who are to serve as Director until the first annual meeting of Shareholders or until their successors are elected and shall qualify are:

BETTY LESLIE  
4506 N.W. 45th STREET  
TAMARAC FL 33319

The name and address of each incorporator is:

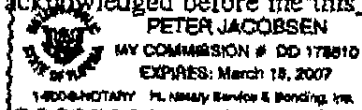
BETTY LESLIE  
4506 N.W. 45th STREET  
TAMARAC FL 33319

Dated: MAY 17, 2005

Betty Leslie  
 BETTY LESLIE

State of Florida:  
 County of Broward:

The foregoing instrument was acknowledged before me this 17th day of MAY, 2005  
 by PETER JACOBSEN.



Peter Jacobsen  
 Notary Public

Personally Known ☒ OR Produced Identification \_\_\_\_\_  
 Type of Identification Produced \_\_\_\_\_

BETTY LESLIE, having been designated to act as Registered Agent  
 hereby agrees to act in this capacity.

Betty Leslie  
 BETTY LESLIE

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 TALLAHASSEE, FLORIDA