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TRANSMITTAL LETTER

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

SUBJECT:7_	(PROPOSED CORPOR	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	ficles of incorporation and	a check for:	1
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	Thomas J. G. Nam	on ADAW SICI e (Printed or typed)		OS JUN 10 PH 2: 52
	501 CORNO			F CORFO
	SANFORD FL City	32773 7, State & Zip		ATIO.
	586-216 Daytime	-/500 Telephone number		

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:	
TJG Consulting Inc.	
The principal place of business/mailing address is: 501 CORNWALL RD. Sanford FL 32773 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is: 100	∘√ ^{SE} 05
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	JUN 10 PH 2:52
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent	nt is:
Thomas J. GADAWSKI 501 CORNWALL RD. San ford FL 32773 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Thomas J. GADAWSKI 501 CORNWALL RD. San ford FL 32773 *********************************	*****
Having been named as registered agent to accept service of process for the above stated corporation at certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cap	the place designated in this
Signature Registered Agent	Date
Signature/Incorporator	Date