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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

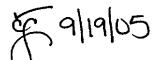
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COVER LETTER

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

SUBJECT: BPW Consulting, Inc.				
(PROPOSED CORPORA) Enclosed are an original and one (1) copy of the artic				
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Betty P. Wiggins Name (Printed or typed)				
P.O. Box 11512	Address			
Tampa, FL 33680	State & Zip			
(813) 748-0896	elephone 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:

BPW Consulting, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3708 E. McBerry St., Tampa, FL 33610 P. O. Box 11512, Tampa, FL 33680

TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide managerial, communications, training and other services to clients, tailored to their needs.

ARTICLE IV SHARES

The number of shares of stock is:

One hundred.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Betty P. Wiggins, President/Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

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

Betty P. Wiggins, Registered Agent

3708 E. McBerry St.

Tampa, FL 33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Betty P. Wiggins 3708 E. McBerry St. P. O. Box 11512 Tampa, FL 33680

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

Betty P. Wiggins

Signature/Registered Agent

Betty P. Wiggins

Signature/Incorporator

Date