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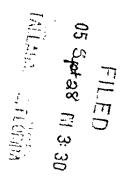
| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates |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



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 12, 2005

FABIANO NUNES 111 NE 2ND AVENUE #1502 MIAMI, FL 33132

SUBJECT: PC SERVICES, INC. Ref. Number: W05000044884

We have received your document for PC SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Document Specialist New Filings Section

Letter Number: 505A00062162

TRANSMITTAL LETTER

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

| SUBJECT: Data C | onsulting, Inc. | | | |
|-------------------------|-------------------------------------|------------------------------|---------------------------------------|--|
| | (PROPOSED CORPORA) | TE NAME – <u>MUST INCL</u> I | UDE SUFFIX) | |
| | | | | |
| | | | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | a check for: | |
| \$70.00 | ☑ \$78.75 | □ \$78.75 | \$87.50 | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | |
| . | & Certificate of Status | & Certified Copy | Certified Copy | |
| | | | & Certificate of | |
| | | | Status | |
| | | ADDITIONAL CO | PY REQUIRED | |
| | | | | |
| FROM: Fa | biano Nunes | | · · · · · · · · · · · · · · · · · · · | |
| Name (Printed or typed) | | | | |
| | | | | |
| | 111 NE 2nd Avenue #1502 | | | |
| | F | Address | | |
| | Minmi Ei 22422 | | | |
| | Miami, FL 33132 | State & Zip | | |
| | Oily, | morrow and marks | | |
| | (786) 208-3787 | | | |
| | Daytime T | 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:

Data Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

111 NE 2nd Avenue #1502 Miami, FL 33132

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Service / Sales

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

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

Fabiano Nunes 111 NE 2nd Avenue #1502 Miami, FL 33132 President

ARTICLE VI REGISTERED AGENT

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

Fabiano Nunes 111 NE 2nd Avenue #1502 Miami, FL 33132

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Fabiano Nunes

| 111 NE 2nd Avenue #1502 Miami, FL 33132 | |
|--|--|
| ************************************** | ********** |
| Having been named as registered agent to accept service of process for the above certificate, I fin familiar with and accept the appointment as registered agent and a | stated corporation at the place designated in this igree to act in this capacity 11/19/05 |
| Signature/Registered Agent | Date |
| alrain Vin | 11/19/05 |
| Signature/Incorporator | Date |