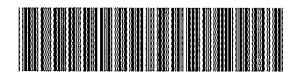
P0500161737

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500061937475

12/09/05--01011---002 **78.75

2005 DEC -9 PM 4: 18

क्षित्रीविष

TRANSMITTAL LETTER

2005 DEC -9 PK 4: 15

TALLAHASSEE FLORIDA

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

SUBJECT:	JMONT CONSULTING, INC					
	(PROPOSED CORPOR	ate name – <u>must incl</u>	ude suffix)	 ,		
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	LAURA MONTANARO Name (Printed or typed)					
	1140 NE 2ND STREET	Address	 	٠	. 128	
	POMPANO BEACH, FL 33060	y, State & Zip	. ;	. * ;	Ta 11 3+11 .	
	954-785-2142					

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

Daytime Telephone number

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:

JMONT CONSULTING, INC

2005 DEC -9 PM 4: 15

i kin kun kun

TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1620 SW 3RD AVENUE POMPANO BEACH, FL 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUILDERS CONSULTING FIRM

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE VI

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT- JOHN MONTANARO
VICE PRES- 1620 SW 3RD AVENUE
TREASURER- POMPANO BEACH, FL 33060

SECRETARY

REGISTERED AGENT

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

JOHN MONTANARO 1620 SW 3RD AVENUE POMPANO BEACH, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LAURA MONTANARO 1140 NE 2ND STREET POMPANO BEACH, FL 33060

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

Signature/Incorporator

Date