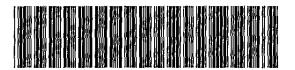
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	\neg			
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COVER LETTER

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

SUBJECT: Cro	wn Consulting Corp.	<u></u>			
	(PROPOSEĎ CORPÓRA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	i a check for:		
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Shafiqur Rahman	(Printed or typed)			
	4280 NW 63 AVE	Address			
	Coral Springs, FL 33067	State & Zip	·		
(954) 254-7360					

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Crown Consulting Solutions Inc

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Shafiqur Rahman, 4280 NW 63 AVE, Coral Springs, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares of no par value common stock which shall be designated as "Common Shares".

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Corporation shall initially have one (1) director to hold office until the first annual meeting of stockholders and his successor shall have been duly elected and qualified, or until his earlier resignation, removal from office or death. The number of Directors may be increased or decreased from time to time in accordance with the By-laws of the Corporation. The name and address of the initial Director is:

Shaflqur Rahman 4280 NW 63 AVE Coral Springs, FL 33067

ARTICLE VI REGISTERED AGENT

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

Shafiqur Rahman, 4280 NW 63 AVE, Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shafiqur Rahman, 4280 NW 63 AVE, Coral Springs, FL 33067

to Pen	3/3/2006
Signature/Registered Agent	Date
3100' 44	3/3/2006
Signature/Incorporator	Date