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COVER LETTER

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

SUBJECT: Sunc	dari Vista Consulting Inc	orporated TENAME-MUSTINCL	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the arti	cles of incorporation and	i a check for:
√ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: D	ennis Mitchell		
	Name	(Printed or typed)	
	7129 Pelican Island Dr		
		Address	
	tampa, fl 33634		
	City,	State & Zip	
	813-299-7388		
	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:

Sundari Vista Consulting Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7129 Pelican Island Dr Tampa, Fl. 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide consulting services for marketing of manufactured goods.

ARTICLE IV SHARES

The number of shares of stock is:

7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dennis Mitchell 7129 Pelican Island Dr Tampa, Fl 33634 President

ARTICLE VI REGISTERED AGENT

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

Dennis Mitchell 7129 Pelican Island Dr Tampa, FI 33634

ARTICLE VII INCORPORATOR

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

Dennis Mitchell 7129 Pelican Island Dr Tampa, Fl 33634

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

PILED

SECRETARY OF STATE
ORINA

Signature/Registered Agent

Signature/Incorporator