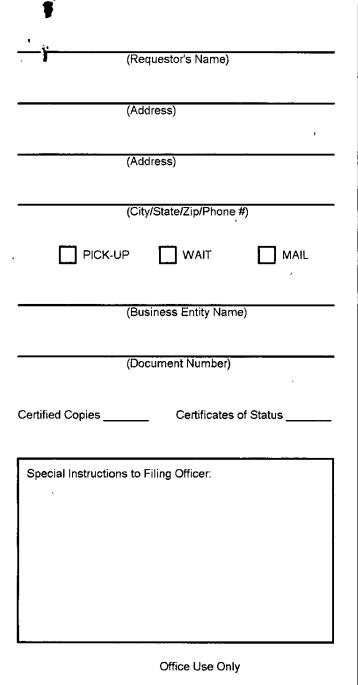
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COVER LETTER

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

_{SUBJECT:} Raini	er Consulting, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDĒ SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: M	egan D. McNeil		
	406 N. Fairview Avenu	(Printed or typed) 10 Address	
	Deland, Florida 32724	, State & Zip	
	352.551.4019 Daytime	Telephone 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:

Rainier Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 406 N. Fairview Avenue Deland, Florida 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Marketing Consulting Purposes

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Megan D. McNeil 406 N. Fairview Avenue Deland, Florida 32724

REGISTERED AGENT ARTICLE VI

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

Megan D. McNeil 406 N. Fairview Avenue Deland, Florida 32724

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Megan D. McNeil 406 N. Fairview Avenue Deland, Florida 32724

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 CAL