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(Address) (Address)	900131192369
(City/State/Zip/Phone #)	05/12/0801011005 ++87.50
Certificates of Status Special Instructions to Filing Officer:	FILED MINNAP301 SECTEMENTE TALLAHASSEELFLORIDA
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COVER LETTER

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

1.

SUBJECT: Innovative Project Management Solutions, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75	✓ \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	DPY REQUIRED

FROM: Eileen V. Carrigan

Name (Printed or typed)

6524 Waterford Circle

Address

Sarasota, FL 34238

City, State & Zip

941-914-1300

Daytime Telephone number

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

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:

Innovative Project Management Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 6524 Waterford Circle Sarasota, FL 34238

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide consultant and operational project management services to small, medium and large business organizations.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Eileen V. Carrigan, President 6524 Waterford Circle Sarasota, FL 34238

ARTICLE VI REGISTERED AGENT

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

Eileen V. Carrigan 6524 Waterford Circle Sarasota, FL 34238

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: Eileen V. Carrigan 6524 Waterford Circle Sarasota, FL 34238

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 decept the appointment as registered agent and agree to act in this capacity

EILEEN V.CARRIGA Signature/Registered Agent ature/Incorporator ARRIGAN EILE 67

ALLARASSEE OF STATE

Date

Date