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Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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DEPARTMENT OF STATE  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**LMILLANCONSULTING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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## **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:

LMILLANCONSULTING, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

430 SYCAMORE SPRINGS ST  
DEBARY, FLORIDA 32713

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

LUIS A MILLAN

430 SYCAMORE SPRINGS ST  
DEBARY, FLORIDA 32713

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PAGE 2 L MILLAN CONSULTING, INC.

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FLORIDA 33411

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

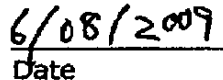
LUIS A MILLAN  
430 SYCAMORE SPRINGS ST  
DEBARY, FLORIDA 32713

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.

  
A1A REGISTERED AGENT INC. / Registered Agent

  
Date

  
LUIS A MILLAN /Incorporator

  
Date

41-09000138044.3.