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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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OIVISION OF CORPORATION

8/25/09

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 FILED SECRETARY OF STATE DIVISION OF CORPORATION:

2009 AUG 24 PM 2: 04

| SUBJECT: B | PROPOSED CORPORA | ISULTING INC | • | | |
|--------------------------|---|-------------------------------------|--|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | |
| | | | | | |
| Enclosed are an orig | inal and one (1) copy of the arti | cles of incorporation and | a check for: | | |
| \$70.00 Filing Fee | | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status | | |
| | | ADDITIONAL COPY REQUIRED | | | |
| | | | | | |
| | | | | | |
| FROM: | THOMAS B. Name | PARSONAGE | · · · · · · · · · · · · · · · · · · · | | |
| | Name | (Printed or typed) | | | |
| | 10333 Cypress | ISE CT | | | |
| • | , | Address | | | |
| | OR LA~DO F. | L 32836 | | | |
| | City, | State & Zip | | | |
| • | 407-876- | 0952 | | | |
| Daytime Telephone number | | | | | |
| | +, parsonage E-mail address: (to be used | @ ATT, NET | | | |
| <u> </u> | E-mail address: (to be used | for future annual report i | notification) | | |

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

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
|--|---|
| ARTICLE I NAME The name of the corporation shall be: B. 4 MATERIALS CONSULTING, IT | ·VC |
| ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 10333 Cypress— ORLANDO, FL 326 | Isle CT 336 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: MATERIALS CONSULTI | ing to INDUS |
| ARTICLE IV SHARES The number of shares of stock is: 1 50 | |
| List name(s), address(es) and specific title(s): Thom 45 B. PARSONAGE - PRESA CHRISTINE BRYANT - DIRECTOR 10333 CYPRESS IS LE CT 2435 CASTLETRAGH DRIVE OR LANDO, FL 32836 CHARLESTON, SC 29414 SHARON PARSONAGE - DIRECTOR - 2045 - F RUNDO ST SHARON PARSONAGE - DIRECTOR - 2045 - F RUNDO ST ARTICLE VI REGISTERED AGENT CHARLESTON, SC 29414 The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: THOMAS B. PARSONAGE 10333 CYPRESS ISLE CT ORLANDO, FL 32836 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: THOMAS B. PARSONAGE 10333 CYPRESS ISLE CT 10333 CYPRES | SECRETARY OF SILVERY OF SILVERY OF CORPOR |
| ************************************** | ************** orporation at the |

place designated in this certificate, I am familiar with and accept the appointment as registered agent and

8/20/09 Date 8/20/2009 Date

agree to act in this capacity

Signature/Registered Agent

Thomas B Paisonage

Signature/Incorporator

THOMAS B, PARSONAGE