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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Eiling Officer | \neg | | | |
| Special Instructions to Filing Officer: | | | | |
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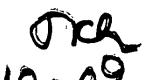
Office Use Only



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COVER LETTER

Department of State 'New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | IMALI CONSULTING, INC | | |
|----------------------|-------------------------------------|----------------------------|---------------------------------|
| | (PROPOSED CORPORAT | FE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| | | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | les of incorporation and | a check for: |
| ` | , , , , | <u> </u> | |
| \$70.00 | 4 \$78.75 | □ \$78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of |
| | | | Status |
| | | ADDITIONAL CO | PY REQUIRED |
| | | | |
| | | | |
| | | | |
| FROM: | THEODORE D. WILLIAMSON | (Drinted on tuned) | |
| | Name | (Printed or typed) | |
| | 6521 NW 98TH DRIVE | | |
| | A | Address | |
| | | | |
| | PARKLAND, FL 33076 | | |
| | City, | State & Zip | |
| | | | |
| | 954-638-9584 | 1 1 | |
| | Daytime 16 | elephone number | |
| | theodore.williamson@gmail.com | 1 | |
| | E-mail address: (to be used | | notification) |
| | | | |

IMALI CONSULTING, INC.

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: Im AL: | Consulting, Inc. |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal <u>street</u> address and mailing address, if differ | ent is: 6521 NW 98th Drive |
| | PARKland, FL 33076 |
| ARTICLE III PURPOSE The number for which the corneration is organized is: | |
| The purpose for which the corporation is organized is: | MARKETING |
| | Other Financial Bervices |
| | froducts. |
| ARTICLE IV SHARES The number of shares of stock is: 1000 | |
| ARTICLE V INITIAL OFFICERS AND/OR I List name(s), address(es) and specific title(s): Theodone O. Williamson freside 6521 NW 98th OR farkland, FL 33076 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a Theodone O. Williamson 6521 NW 98th OR farkland, FL 33076 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | ent/Secretary 8 |
| Theodore O. W: 11 i Amson 6521 NW 984 DR PARHAND FL 33076 | ************ |
| Having been named as registered agent to accept servel place designated in this certificate, I am familiar with agree to act in this capacity | ice of process for the above stated corporation at i |
| | 12-07.09 |
| Signature/Registered Agent | Date |
| | 17-17-18 |

Date

Signature/Incorporator