

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000111199 3)))



H100001111993ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number: I20000000019

: (305)552-5973

Phone Fax Number

: (305)220-1440

Enter the email address for this business entity to be used for furtire annual report mailings. Enter only one email address please.

Email Address:

0 MAY 11 AM 8: 54

FLORIDA PROFIT/NON PROFIT CORPORATION M & V CONSULTING, INC

Certificate of Status 0
Certified Copy 1
Page Count 03
Estimated Charge \$78.75

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

UH

3052201440

LAZARUS

AGE 02/04

850-617-6381

5/7/2010 1:24:34 PM PAGE 1/001



May 7, 2010

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: M & V CONSULTING, INC

REF: W10000022342

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L07000033847--MV CONSULTING, LLC.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section FAX Aud. #: H10000111199 Letter Number: 410A00011548

P.O BOX 6327 - Taliahassee, Florida 32314

3052201440 05/11/2010 14:34

10 MAY 11 AM 8: 54

H10000111199

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

<u>ARTICLE I – NAME</u>

The name of the corporation shall be:

SANCH'Z Consulting INC

<u>ARTICLE II – PRINCIPAL OFFICE</u>

The principal place of business and mailing of this corporation shall be:

8201 NW 8 St Apt 308 Miani, F1 33126

<u> ARTICLE III – SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

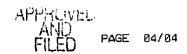
<u> ARTICLES IV – INITIAL REGISTERED AGENT AND STREET</u> <u>A</u>DDRESS

The name and address of the initial registered agent is:

Miladys Valdes 8201 NW 8 St Apt 308 Miami, El 33126

H10000111199

LAZARUS



10 MAY 11 AM 8: 54

H10000111199

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE V-INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Miladys valdes 8201 NW 8 St Apt 308 Miami, H 33126

The undersigned incorporator has executed these Articles of Incorporation this

6 day of 20 10.

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Miladys Valdes (President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

H10000111199