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

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9385

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Copper Rain Consulting Inc.

Certificate of Status	0
Certified Copy	0
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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:

COPPER RAIN CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19 B, 4621 GULF OF MEXICO DR
LONGBOAT KEY, FLORIDA 34228

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:

DIRECTOR, PRESIDENT
ANTHONY T NOURSE
19 B, 4621 GULF OF MEXICO DR
LONGBOAT KEY, FLORIDA 34228

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

ANTHONY T NOURSE
19 B, 4621 GULF OF MEXICO DR
LONGBOAT KEY, FLORIDA 34228


ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

ANTHONY T NOURSE
19 B, 4621 GULF OF MEXICO DR
LONGBOAT KEY, FLORIDA 34228


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TALLAHASSEE, FLORIDA

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.



ANTHONY T NOURSE / Registered Agent

1 SEP 2010
Date



ANTHONY T NOURSE / Incorporator

1 SEP 2010
Date

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