

P 10000094489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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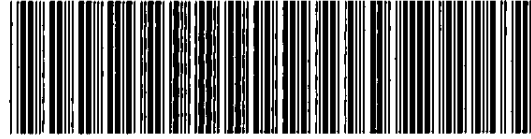
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 18 2010

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME COVENTRY CONSULTANTS CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
15019 MEADOWLAKE STREET
ODESSA FLORIDA 33556

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FINANCIAL CONSULTING

ARTICLE IV SHARES

The number of shares of stock is 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHELTON A THORNE P.T.S.D. Name and Title: _____
Address: 15019 MEADOWLAKE STREET Address: _____
ODESSA FLORIDA 33556
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SHELTON A THORNE
Address: 15019 MEADOWLAKE STREET
ODESSA FLORIDA 33556

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHELTON A THORNE
Address: 15019 MEADOWLAKE STREET
ODESSA FLORIDA 33556

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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

[Handwritten Signature]
Required Signature/Registered Agent

NOVEMBER 10, 2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Handwritten Signature]
Required Signature/Incorporator

NOVEMBER 10, 2010
Date