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COVER LETTER

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

SUBJECT: SECOND CHANCE PRISON CONSULTANTS, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of	of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of State	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: BRIAN FERGUSO	Name (Printed or typed)		
1431 S. CHICKAS	Address		
ORLANDO FLOR	<u> </u>	2011 HAY	
407-718-7589	Paytime Telephone number	20 PH	
bferguson@fbchomeloans.com E-mail address: (to be used for future annual report notification)			

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

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

The name of the corporate	SECOND CHANCE PR	ISON CONSULTAN	TS, INC
14:	RINCIPAL OFFICE Principal street address 31 S. CHICKASAW LANDO FLORIDA 32825		ddress, if different is:
ARTICLE III PI	<u> </u>		
Address:	1431 S. CHICKASAW ORLANDO FLORIDA 32825	Address:	
Name and Title Address:		Address:	
Name and Title Address:	:	Address:	
	EGISTERED AGENT la street address (P.O. Box NOT acceptable) o BRIAN FERGUSON 1431 S. CHICKASAW ORLANDO FLORIDA 32825		2011 HAY SECRET
	VCORPORATOR ss of the Incorporator is: BRIAN FERGUSON 1431 S. CHICKASAW ORLANDO FLORIDA 32825	_ _ 	20 PM 2: 30
Having been named this certificate, I am	as registered agent to accept service of proces dmiliar with and accept the appointment as reg	ss for the above stated corpo gistered agent and agree to a	oration at the place designated in act in this capacity
<u>: Zu</u>	Required Signature/Registered Agent		MAY 11, 2011 Date
	ent and affirm that the facts stated herein are Triment of State constitutes a third degree felon		
	Regulifed Sygnature/Incorporator		MAY 11, 2011 Date