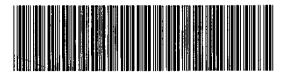
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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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MRS 7/15

COVER LETTER

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

SUBJECT: COSt CUTTION COSCILION TO TO THE CONTROL OF THE SUFFIX				
(PROPOSED CORPORAT	TE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Steven Rovell Name (Printed or typed)				
450 Buckskin Ct				
(W) Her Sec. 135, FC 32708 City, State & Zip				
3al-23-3322 Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

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



RECEIVED
11 JUL 13 AM 10: 19

July 5, 2011

STEVEN ROWELL 456 BUCKSKIN CT WINTER SPRINGS, FL 32708

SUBJECT: COST CUTTING CONSULTING, INC.

Ref. Number: W11000035592

We have received your document for COST CUTTING CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State—with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

 Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 511A00015991

July 12, 2011

FILED

11 JUL 13 PH 2-20

SECRETARY OF STATE TALLAHASSEE FLORIDA

Florida Department of State

Division of Corporations

Subject: Cost Cutting Consulting, Inc.

Reference Number: W11000035592

We are the original owners of the business name, Cost Cutting Consulting, Inc. and filed for dissolution on June 22, 2011. We have no intention of revoking the dissolution and would like to release the name. Therefore, we are filing to re-open the corporation using the same name of Cost Cutting Consulting, Inc. Thank you for your attention to this matter.

Sincerely,

Steve Rowell

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

ARTICLE I	<u>NAME</u>	0.00	
The name of the	corporation shall be: COSH WHIC	id ca so the	B, Lace -
ARTICLE II	PRINCIPAL OFFICE	•	
	Principal street address	Ma	illing address, if different is:
	450 BUCKEKIN COURT		
	01046C02022 FC		
	30190		
ARTICLE III			
The purpose for	which the corporation is organized is:	1. 100100	a: 11/200 1/1011 200011
400	- 600t+:062000	21 40 NEIL C	41 E/2 COLGORY 1()
the	inus a proues	s by becaning	ng efficient in
ifen	$\sim S$.		
ARTICLE IV	SHARES nares of stock is: 100		
ine number of sr	nares of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	and and the same
Name and Address:	Title: Steven Rovell Ounes	Name and Title: Address:	nonno Rovell, vice Resolu
Address.	Micher Serus GF 329	OK ()	2018 SOCIOS OF 30708
Name and	Title:	Name and Title	
Address:		A J.J	
			
Name and	Title:	Name and Title:	
Address:		Address:	
	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	
			20 2
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptal	hle) of the registered agent i	
Name:	steven Rouell		2011年
Address:	USIABILISION CONC	<u> </u>	温泉 びり
	militer sough to 3	SHOR	Siz = M
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:,		63
Name:	skier farell		
Address:	MUJES SEIOLS CONT	270 x	D
Havina heen na	med as registered agent to accept service of p	process for the above states	l cornoration at the place designated in
	am familiar with and accept the appointment		
Ç			1 ,
			(e 28 1)
	Required Signature/Registered Agen	nt	Date
	cument and affirm that the facts stated herei		
document to the	Repartment of State constitutes a third degree	felony as provided for in s.	817.155, F.S.
	\leftarrow		1-1-21.1
	Required Signature/Incorporator		Date