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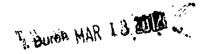
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COVER LETTER

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

SUBJECT: E + E CONSULTING ENGINEERING, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

losed are an original and one (1) copy of the arti-	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
TROME E LE CONSULTANCE DA	CINECDING INC
FROM: E + E CONSULTING ENC	(Printed or typed)
·	(Timed of typed)
1400 F OAKLAND PARK	CRIVID SHITE 108
1400 E OAKLAND PARK	Address
OAKLAND PARK, FL. 3	13334 State & Zip
954-566-9708	
	elephone number
andreshollmann@ee-ce. E-mail address: (to be used	net I 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)

ARTICLE I	NAME E + E CONSULTING E	NGINEERING	S, INC
The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	1400 E OAKLAND PARK BLVD		
	SUITE 108	· 	
	OAKLAND PARK, FL 33334		
4 DØIGT D 777	Numbora		
ARTICLE III			MAR I
	which the corporation is organized is:		T 70
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			T)
		•	
			<u> </u>
ARTICLE IV			स्का ज
The number of si	hares of stock is:1,000		
4 DATA			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>KS</u>	Francis Familiana MD
Name and	Title: Andres M. Hollmann, P 1800 N Bayshore Drive Apt 903	Name and Title	1400 E Ookland Pork Plud
Address:	Oakland Park, FI 33309	Address:	Suite 108
	CANALU PAIK, FI 33305		Oakland Park, FL33334
	-,		Canaliu Paik, PLSSSS
Name and	Title: Carmenza I Ruiz Mngr	Name and Title	<u> </u>
Address: 1400 F Oa	1400 E Oakland Park Blvd	Address:	
	Suite 108		
	Oakland Park, Fl 33334		
Name and	Title:	Nome and Title	<u>.</u> .
Address:	True.	Address.	
i jaatuus.		I Iddioso.	
		_	
			·
	REGISTERED AGENT		
	dorida street address (P.O. Box NOT acceptable)	of the registered age	nt is:
Name:	Andres M. Hollmann		
Address:	1800 N Bayshore Dr, Apt 903 Miami, FL 33132	*******	
	Miami, FL 33132		
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		•
Name:	Andres M. Hollmann		
Address:	1800 N bayshore Dr. Apt 903	-	
	Miami, Fl 33132		
		6 4 8 - 4	
	med as registered agent to accept service of proce am familiar with and accept the appointment as re		
nis cerigicale, 1	an januar war and accept the appointment as re	egisieren ugeni win	ugree to act in and capacity
			March 9, 2012
	Paris 1 Simply 1 Paris 1 August		March 8, 2012
	Required Signature/Registered Agent		Date
submit this do	cument and affirm that the facts stated herein a	re true. I am morre	that the false information submitted in
locument to the	Department of State constitutes a third degree felo	nv as provided for i	In s.817.155. F.S.
		, p. 0 / u joi k	
			March 8, 2012
	Required Signature/Incorporator		Date
	redense retimentation brigging		Daw