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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
STRATEGIC CONSULTING GROUP INC**

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

STRATEGIC CONSULTING GROUP INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

8150 SW 8TH STREET #203
Miami FL 33144
P.O. BOX 143182. CORAL GABLES FL
33114

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IVELISSE A. SCHWERERT
8150 SW 8TH ST. #203
Miami FL 33144

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ARTICLE V BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

IVELISSE A. SCHWERERT
8150 SW 8 ST. #203
Miami FL 33144

ARTICLE VI OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

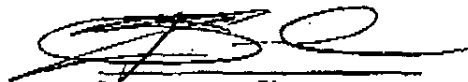
IVELISSE A. SCHWERERT (P)
8150 SW 8 ST. #203
Miami FL 33144

ARTICLE VII INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

IVELISSE A. SCHWERERT
8150 SW 8 ST. #203
Miami FL 33144

The undersigned has (have) executed these Articles of Incorporation this _____ day of _____, 20____.



Incorporator Signature

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DIVISION OF CORPORATIONS

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION
AS REGISTERED AGENT.**


REGISTERED AGENT SIGNATURE

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