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2013 8:16AM
DIVISION OF CORPORATIONS

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727)322-0909
Fax Number : (727)322-0520

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DAVIDCPA@TAMPBAY.FL.GOV

FLORIDA PROFIT/NON PROFIT CORPORATION
BOCA CIEGA CONSULTING, INC

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: **BOCA CIEGA CONSULTING, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

3026 50TH ST S

GULFPORT, FL 33707

Mailing address, if different is:

SAME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO PROVIDE CONSULTING SERVICES AND ANY OTHER LEGAL BUSINESS IN THE STATE OF FLORIDA.**

ARTICLE IV SHARES

The number of shares of stock is: **1000 SHARES OF COMMON STOCK**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JEFFERY WITTE PRESIDENT**

Address: **3026 50TH ST S**

GULFPORT, FL 33707

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **DAVID C HASTINGS CPA**

Address: **2207 54TH ST S**

GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

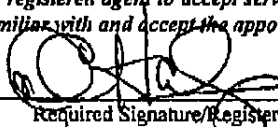
The name and address of the Incorporator is:

Name: **DAVID C HASTINGS CPA**

Address: **2207 54TH ST S**

GULFPORT, FL 33707

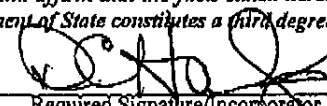
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

01/02/2013

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.817.135, F.S.


Required Signature/Incorporator

01/02/2013

Date

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