

From:

Division of Corporations

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Division of Corporations  
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**  
Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Research Consulting Group, Inc.**

Certificate of Status	0
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July 12, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: RESEARCH CONSULTING GROUP, INC.

REF: H13000156625

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Diane Cushing

FAX Aud. #: H13000156625

Regulatory Specialist II Supervisor

Letter Number: 213A00017117

From:

07/12/2013 14:26 #940 P-004/005

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

**RESEARCH CONSULTING GROUP, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**516 VISTA RIA COURT  
ST. AUGUSTINE, FL 32080**

Mailing address, if different is:

**516 VISTA RIA COURT  
ST. AUGUSTINE, FL 32080**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**For any and all purposes for which a corporation may be formed.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**200**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **BRUCE A. UVEGES**

Address: **516 VISTA RIA COURT**

**ST. AUGUSTINE, FL 32080**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

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

Name: BRUCE A. UVEGES  
Address: 516 VISTA RIA COURT  
ST. AUGUSTINE, FL 32080

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BRUCE A. UVEGES  
Address: 516 VISTA RIA COURT  
ST. AUGUSTINE, FL 32080

*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

7/12/13  
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.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

7/12/13  
Date