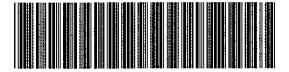
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COVER LETTER

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

_{subject:} San	ty Service Cons	ulting, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	
FROM: K	athleen A. Santy	,	
	Name	e (Printed or typed)	
87	77 Limpet Dr.		
		Address	
Sa	anibel, FL 33957		
23	City, 39-472 - 6290	State & Zip	
	Daytime T	elephone number	

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

kathy_santy@yahoo.com

E-mail address: (to be used for future annual report notification)

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

ARTICLE II PRI	NCIPAL OFFICE		- 1	4	
	Principal street address	Ma	illing address, if different is:	MAR	
877 Limpet Dr			<u>ින්</u> <u>නීජ්</u>		ř
Sanibel, FL 3	3957-3805			PM	1
·			103×	2:	ί.,
	BOOK		Gi m	Ω Ω	
The purpose for which t	POSE he corporation is organized is: Manage	ement Train	ing and Consulti	ng	
ARTICLE IV SHA The number of shares of	RES 1000				
		 			
ARTICLE V INIT	MAL OPERABRO AND OR DIDECTION				
	TIAL OFFICERS AND/OR DIRECTOR				
Name and Title					
	Kathleen A. Santy, President	Name and Title:			
Name and Title	Kathleen A. Santy, President 877 Limpet Dr.	Name and Title:			
	Kathleen A. Santy, President	Name and Title:			
	Kathleen A. Santy, President 877 Limpet Dr.	Name and Title:			
	Kathleen A. Santy, President 877 Limpet Dr.	Name and Title:			
Address	Kathleen A. Santy, President 877 Limpet Dr.	Name and Title: Address:			
Address Name and Title:	Kathleen A. Santy, President 877 Limpet Dr. Sanibel, FL 33957-3805	Name and Title: Address: Name and Title:			
Address	Kathleen A. Santy, President 877 Limpet Dr. Sanibel, FL 33957-3805	Name and Title: Address: Name and Title:			
Address Name and Title:	Kathleen A. Santy, President 877 Limpet Dr. Sanibel, FL 33957-3805	Name and Title: Address: Name and Title:			
Address Name and Title:	Kathleen A. Santy, President 877 Limpet Dr. Sanibel, FL 33957-3805	Name and Title: Address: Name and Title:			
Address Name and Title:	Kathleen A. Santy, President 877 Limpet Dr. Sanibel, FL 33957-3805	Name and Title: Address: Name and Title:			
Address Name and Title: Address	Kathleen A. Santy, President 877 Limpet Dr. Sanibel, FL 33957-3805	Name and Title: Address: Name and Title: Address:			
Address Name and Title: Address Name and Title:	Kathleen A. Santy, President 877 Limpet Dr. Sanibel, FL 33957-3805	Name and Title: Address: Name and Title: Address: Name and Title:			
Address Name and Title: Address	Kathleen A. Santy, President 877 Limpet Dr. Sanibel, FL 33957-3805	Name and Title: Address: Name and Title: Address: Name and Title:			

Name and	f Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Fle Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or Kathleen A. Santy	of the registered agent is:
Address:	877 Limpet Dr. Sanibel, FL 33957-3805	The Reserve of the Re
ARTICLE VII	INCORPORATOR	PM 2:5
The name and ad	dress of the Incorporator is:	
Name:	Kathleen A. Santy	100 pm.
Address:	877 Limpet Dr.	<u>-</u>
	Sanibel, FL 33957-3805	_
this certificate, I a	am familiar with and accept the appointment as reg	2
NUM	Required Signature/Registered Agent	3-14-14 Date
document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
_ / parce	Required Signature/Incorporator	Date