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SECRETARY OF STATE

COVER LETTER

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

SUBJECT:	ake Park C (PROPOSED CORPORA	onsultant tename- <u>mustinclu</u>	Group DE SUFFIX)	Ir _	IC.
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:	1	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	& Certificate of Status		
FROM:	Stephen H Name	e (Printed or typed) Address		16 JUH 17	SECRETAR TALLAHASI
	Boca Ra	ton FL 334. State & Zip	32	JUN 17 PH 1:24	Y OF STATE SEE, FLORIDA
	Daytime T	66.3715 Felephone number Dymail.com		•	
	E-mail address: (to be use	d for future annual report no	otification)		

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)

The name of the corpora	tion shall be:	ake Parl	x Consul	tant Gr	Japo J	<u>.</u> .
ARTICLE II PRINC	CIPAL OFFICE Principal street addre	ess	·	Mailing address, if	different is:	
1200 N Fe Boca Rato	ederal Hr	J	1141	Hyacin- B, Welli	th pla	<u></u>
Boca Rator	1 FL 3343	2	APT	B, Welli	ng ton,	F <u>[</u> 3341
ARTICLE III PURPO The purpose for which t	OSE he corporation is orga	unized is:	rketing	, lead	gene	ratio
					- 5	SECR TALL/
ARTICLE IV SHARE The number of shares of ARTICLE V INITIA	<u>ES</u> stock is: <u>{OO, (</u> I <i>L OFFICERS AND</i> /	•			MI7 PH	FILED ETARY OF S WASSEELE
	Stephen		Name and Title	<u> </u>	1: 24	- SZ
Address	1200 N	Federal H	<u>w</u> √Address:			
	Boco Rot	on, FL 384	_ 635			
Name and Title:			Name and Title	•		
Address			Address:		<u></u>	
						
Name and Title:			Name and Title	.		-
Address			Address:			
						<u>.</u>

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	NT assemble of the registered agent is:
Name: Stephen Ho	ughes
Address: 1141 Hyacint	h place = FE
APT B Welling	jton, EL 33414
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
<u> </u>	- CSTAT 2
Name: Stephen -	100 kms
Address: 1141 Haci	nth Place
Wellington, Fl	L 334/4
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be spe days after the filing.)	. (OPTIONAL) cific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not mee the document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.
	ervice of process for the above stated corporation at the place designated i pointment as registered agent and agree to act in this capacity
Alephen Hugher Required Signature/Regis	6/16/10
Required Signature/Regis	stered Agent Date
I submit this document and affirm that the facts st	tated herein are true. I am aware that the false information submitted in
document to the Department of State constitutes a th	hird degree felony as provided for in s.817.155, F.S.
Require Signature/Incorporator	Date