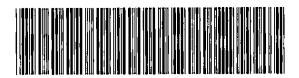
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(Requ	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: July	25, 2017		
Name: Marisa	Kugelmann	_	
Reference #:	A303525		
Entity Name:	SONALI CO	NSULTING, INC.	_
Articles of Inc	corporation/Author	rization to Transact Busin	ess
Amendment			
Change of Ag	gent		~
Reinstatemer	nt		' :
Conversion			
Merger			t.
☐ Dissolution/W	/ithdrawal		3.
Fictitous Nam	ıe		
✓ Other		Certified Copy upon filin	g
Authorized Amou Signature:) - 1 /		
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CORPORATE HO

COGENCY GLOBALING. 10 E 40 - \$1,10 FFL NY, NY 10016 800.271.0102 -1.212.947.7200 EUROPEAN HO

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COVER LETTER

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

SUBJECT:	Sonali Consulting, Inc.			
Enclosed are an ori	ginal and one (1) copy of the	articles of incorporati	ion and a check for:\$87.50	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL C	COPY REQUIRED	
FROM:	Sonali Fo	urnier		
	Name	(Printed or typed)		
	400 Norti	n Ashley Drive, Suite 1	600	
		Address		
	Tampa, F	L 33602		
	Ci	ty, State & Zip		
	Daytime	Telephone number		
	Sonali for	ırnier@tpctax.com		
	E-mail address: (to be use		t notification)	

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)

ARTICLE		
ine name c	of the corporation shall be: Sonali Consulting	g, Inc.
ARTICLE	II PRINCIPAL OFFICE	
	400 North Ashley Drive, Suite 1600 Tampa, FL 33602	
<u>ARTICLE</u>	III PURPOSE	
	e for which the corporation is organized is: to engations may be organized under Chapter 607.	age in any lawful act or activity for
<u>ARTICLE</u>	IV SHARES	
The number	r of authorized shares of stock is: 100 Shares of C	ommon Stock
		7;
<u>ARTICLE</u>	V REGISTERED AGENT	•
The name a	and Florida street address of the registered agent is:	:
Name:	Sonali Fournier 400 North Ashley Drive, Suite 1600 Tampa, FL 33602	
ARTICLE	VI INCORPORATOR	
The name a	and address of the Incorporator is:	
Name:	Sonali Fournier 400 North Ashley Drive, Suite 1600 Tampa, FL 33602	
Having been designated in a capacity.	named as registered agent to accept service of process fo this certificate, I am familiar with and accept the appointment	r the above stated corporation at the place of as registered agent and agree to act in this
Sou	ial bour	June <u>30</u> , 2017
-	Required Signature/Registered Agent	Date
I submit this d in a document	document and affirm that the facts stated herein are true. I a to the Department of State constitutes a third degree felony as	m aware that the false information submitted provided for in s.817.155, F.S.
An	elleur	June 30, 2017
,	Required Signature/Incorporator	Date