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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:			
	WOOL 622:			

FLORIDA PROFIT/NON PROFIT CORPORATION ROS CONSULTING GROUP, INC.

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$78.75	

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

A D	
مده	TICLE II PRINCIPAL OFFICE:
The prin	ncipal street address and mailing address is:
606 South Com	pass Drive
Hutchinson Isla	nd, Florida 34949
RTICLE III SHAR	ES: The number of shares of stock is:100
ARTICLE IV	INITIAL DIRECTORS AND/OR OFFICERS:
Reynaldo Ros	President / Secretary
<u> </u>	
	
DATE:	VAN DEGLETERED ACENT AND STREET ADDRESS
· 	
The name and Florida str	reet address (PO Box not acceptable) of the registered agent
The name and Florida str Reynaldo Ros	reet address (PO Box not acceptable) of the registered agent
The name and Florida str Reynaldo Ros 606 South Compa	reet address (PO Box not acceptable) of the registered agent
The name and Florida str Reynaldo Ros 606 South Compa Hutchinson Island	reet address (PO Box not acceptable) of the registered agent ass Drive d, Florida 34949
The name and Florida str Reynaldo Ros 606 South Compa Hutchinson Island	reet address (PO Box not acceptable) of the registered agent ass Drive d, Florida 34949
The name and Florida str Reynaldo Ros 606 South Compa Hutchinson Island	
The name and Florida str Reynaldo Ros 606 South Compa Hutchinson Island ARTICLE VI INCO	neet address (PO Box not acceptable) of the registered agent eass Drive d., Florida 34949 ORPORATOR: The name and address of the Encorporator

Required Signatures:

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

Registered Agent 5/24/207

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.

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