

P95000073852

TRANSMITTAL LETTER

95 SEP 29 1995

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

500001541715
09/29/95 10:00:00
****131.25 ****131.25

SUBJECT: PHOENIX CONSULTING SERVICES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

ROBIN H. HOGAN
Name (printed or typed)

4338 SCHOONER LN.
Address

LYNN HAVEN, FL. 32444
City, State & Zip

904-271-3063
Daytime Telephone number

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

9-25-95

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PHOENIX CONSULTING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4338 SCHOONER LN.
LYNN HAVEN, FL. 32444

P.O. Box 1377
LYNN HAVEN, FL. 32444

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DOUGLAS M. HOGAN
4338 SCHOONER LN.
LYNN HAVEN, FL. 32444

See instructions for officers/directors

DOUGLAS M. HOGAN - PRESIDENT
ROBIN H. HOGAN - VICE-PRESIDENT

12th day of September, 1940

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

PHOENIX CONSULTING
SERVICES, INC.

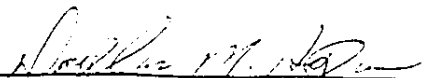
2. The name and address of the registered agent and office is:

DOUGLAS M. HOGAN
(NAME)

4338 SCHOONER LN.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

LYNN HAVEN, FL. 32444
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

9/12/25
(DATE)