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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 1 (00.00)(01.6383330.1 -01712796--01054--007 +++++70.00

Tallahassee, FL 3	2314	
SUBJECT:	OT CONSULTANT CORP. (proposed corporate name)	
Enclosed is an original for \$ 70.00	ginal and one (1) copy of the articles of incorporation and ic _ ·	our check
FROM:	PERVEZ KHAN Name (printed or typed) 100 N. ROYAL PERNCIANA BLVD Address MIAMI SPRINGS FL 33166 City, State, & Zip (305) 8881952 Telephone Number	11:21 to 31:17:55

AL JAN 1 7 1995

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Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

DAVIS

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95 37 12 87 12:41

PT CONSULTANT CORP

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: PT CONSUCTANT CORP

ARTICLE II PRINCIPAL OFFICE

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

100 N ROYAL POINCIANA BLUD. MIAMI SPGS FLORIDA USA 33166

ARTICLE III CAPITAL STOCK

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

30 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PERVEZ KHAN

100 N. ROYAL POINCIANA BLUD MIAMI SPGS

FLORIDA USA 33166

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(ere):

PERVEZ KHAN 100 N. ROYAL POINCIANA BLUD MIAMI SPRINGS FL 33166 USA

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Grant day of JANUARY, 1996.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

95 JMH 12 PM 12: 42

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: PT CONSULTANT CORP

2. The name and address of the registered agent and office is: CON COYAL PONCIANA BLUD (P.O. BOX NOT ACCEPTABLE) MIRM! SPLINGS FLORINA USA 33/66. (CITY/STATE/ZIP)		
(NAME) (NAME) (P.O. BOX NOT ACCEPTABLE) (P.O. BOX NOT ACCEPTABLE) (P.O. BOX NOT ACCEPTABLE) (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 SIGNATURE SIGNATURE	2. 1	The name and address of the registered agent and office is:
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		DATE 1-9-96