

79600002830
TRANSMITTAL LETTER

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

~~03/25/96 01079-012
***131.25 ***131.25~~

SUBJECT: McGRADY CONSULTING, INC
(Proposed corporate name - must include suffix)

000001756270
-03/25/96--01079--012
****131.25 ****131.25

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: DEBRA L. McGRADY
Name (printed or typed)

903 DOREEN AVE
Address

OCOE, FL. 34761
City, State & Zip

407-877-4727
Daytime Telephone number

FILED
96 MAR 25 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL MAR 29 1995

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

ARTICLES OF INCORPORATION

FILED

96 MAR 25 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

McGRADY CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

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

903 DOREEN AVE
OCFEE, FL. 34761

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DEBRA L. McGRADY
903 DOREEN AVE.
OCFEE, FL. 34761

FILING FEE: \$70.00

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

DEBRA L. McGRADY
903 DOREEN AVE.
OCFEE, FL. 34761

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

18 day of MARCH, 19 96.

(An additional article must be added if an effective date is requested.)

Debra L. McGrady
Signature

Signature

Signature

Notarization is not required

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: MCGRADY CONSULTING, INC.

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

DEBRA L. McGRADY
(NAME)

903 DOREEN AVE.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DOCEE, FL. 34761
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

Debra L. McGrady
(SIGNATURE)

3-18-96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314