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

700002008147--0 -11/19/96--01118--008 ******78.75 ******78.75 SUBJECT: _ BONAFIDE CONSULTING. INC (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check \$70.00 X \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee & Certified Copy Filing Fae, & Certificate Certified Copy & Certificate Additional Copy Required FROM: R J BUCKLEY ACCOUNTING Name (printed or typed) 811 SUNSET DR Addresa MELBOURNE, FL. 32935 City, State & Zip (407) 253-8633 Daytima Telephone number NOV 2 1 1996

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

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

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The name of the corporation shall be:

BONAFIDE CONSULTING, INC.

ARTICLE II . PRINCIPAL OFFICE

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

811 SUNSET DR MELBOURNE, FL. 32935

ARTICLE III SHARES

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

7500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DOLORES M GUTHRIE 811 SUNSET DR MELBOURNE, FL. 32935

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):

DOLORES M GUTHRIE 81 I SUNSET DR MELBOURNE, FL. 32935

the undersigned incorporator(s) has(have) executed these Articles of incorporation
<u>14TH</u> day of <u>NOVEMBER</u> , 19 96.
(An additional article must be added if an effective date is requested.)
Dolores m. Suthrie Signature
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:	BONAFIDE CONSULTING. INC	
2. The name and address of the regi	stered agent and office is:	Property of the second
DOLORES M	GUTHRIE (NAME)	
<u>811 SUNSET</u> (P.O. B	DR ox of Mail Drop Box <u>NOT</u> acceptable)	- Calley
<u>MELBOURNE,</u>	FL. 32935 (CITY/STATE/ZIP)	_

Having been named as registered agent and *- 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.

Dolores m Suthrie 11-15-96 (SIGNATURE) (DATE)

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