# P97000039910

FILED

97 MAY -5 PM 4: 25

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETATION STATES TALLAHASSEE, FLORIDA

500002166445--8 -05/06/97--01001--012 \*\*\*\*122.50 SUBJECT: BLUE CHIP CONSULTING 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 \$78.75 ¥3\$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate Will Wait ADDITIONAL COPY REQUIRED PAMELA E. REILLY FROM: Name (Printed or typed) P.O. BOX 2732 # Address TALLAHASSEE, FL 32316-2732 City, State & Zip (904) 561-2194 Daytime Telephone number

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

## ARTICLES OF INCORPORATION

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

المني المأسان TALLAHAS SEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

BLUE CHIP CONSULTING, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

2323-O TRIMBLE ROAD, TALLAHASSEE, FL 32303

#### ARTICLE III SHARES

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

ZERO-

### INITIAL REGISTERED AGENT AND STREET ADDRESS <u>ARTICLE IV</u>

The name and Florida street address of the initial registered agent are:

PAMELA E. REILLY 2323-0 TRIMBLE ROAD TALLAHASSEE, FL 32303

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PAMELA E. REILLY 2323-0 TRIMBLE ROAD TALLAHASSEE, FL 32303

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

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/Registered Agent

Date