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FILLU MRY OF STATE

97 MAY 19 AM 10: 14

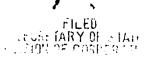
Department of State **Division of Corporations** P. O. Box 6327 Tallahassee FI 32314

i alialiassee, PL 32314					
SUBJECT:	COM CONSULTAI	rporate name - must include		_	
		σ	000002182 -05/19/97 *****78.75	29601 01096011 *****78.75	
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: CHRISTOPHER M. EARL  Name (Printed or typed)					
-	8955 RAMBLEWOO	DDR. #2616			
(	DRAL SPRINGS, F	-L. 33071 State & Zip	<del></del>		
	1954) 340-4671				

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

Daytime Telephone number

5-21-97



## ARTICLES OF INCORPORATION

97 MAY 19 AM 10: 14

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

The name of the corporation shall be: CECOM CONSULTANTS, INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  1.0. Box 771044, Coral Springs, FL. 33077
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 Florida street address of the initial registered agent are: CHRISTOFHEL M. EARL 8955 BAMBLEWOOD DR. #2616
CORAL SPRINGS, FL. 33071
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are: CHRISTOPHER M. EARL
8955 RAMBIEWOOD DE 2616
CORAL SPRINGS, FL. 33071
Signature/Incorporator  5/14/97 Date

(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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my justion as registered agent

Signature/Registered Agent

Date