97 AUG 25 PH 3: 18

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Debea Shade
Name (Printed or typed)

660 FOREST LANC

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

ARTICLES OF INCORPORATION

FILED

97 AUG 25 PM 3: 18

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be:
Consulting, for Financial Dolutions, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
660 Forest Rane
Deland, Flg. 32724
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 shares
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Debra Shade
660 Forest Rane, Deland, Fla. 32724
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Debla Shade, PRESIDENT, 660 Forest Rang, Neland
The name and address of the incorporator to these Articles of Incorporation are: DebRA Shade, PRESIDENT, 660 Forest Rang, Deland Tim Shade, TREASURES/SECRETARY, 660 Forest Rang Deland
Weland,
_ Debre Shade 8-25-97 Fla
Signature/Incorporator 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 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

8-25-97 Date