## P97000083426

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

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SUBJECT:	COLSAN	CONSULT	TANTS	INC.
	(Proposed corporate name - must include suffix)			

Enclosed is an original and	one(1) copy of the art	ticles of incorporation	and a check for:
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\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED

FROM: Rose L. Evans-Cole mand Name (Printed or typed)  20510 SW 122 Court  Address  MIAMI, FL 33177  City, State & Zip  (305) 993-2055  Daytime Telephone number	97 SEP 24 AM 9: 54 SECHE FANCE OF STATE TALLAHASSEE, FLORIDA	
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ATMORTANCE CONTRACT		
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NOTE: Please provide the original and one copy of the articles.

ne 9/24/97

## FILED

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME
The name of the corporation shall be: Colsan Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10230 SW 32 Street MIAMI, FL 33165

ARTICLE III SHARES

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

2 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rose L. EVANS. Coleman 20510 SW 128 COURT MIAMI, FL 33177

ARTICLE V INCORPORATOR

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

Rose L. GVANS-ColeMAN 20510 SW 122 Court MIAMI, FL 33179

Lucymus Blen-

9/17/97 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 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