

P97000087673
TRANSMITTAL LETTER

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

300002317139--1
-10/10/97--01035--005
*****78.75 *****78.75

SUBJECT: Excellence Consulting Services, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Michael I. Williams
Name (Printed or typed)

4151 ROSAS AVENUE
Address

SARASOTA, FL 34233-1614
City, State & Zip

941-748-6936
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 OCT 10 PM 12:24

FILED

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

Handwritten signature and date:
10/9/97

ARTICLES OF INCORPORATION

FILED
97 OCT 10 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name of the corporation shall be:

Excellence Consulting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*4151 ROSAS AVENUE
SARASOTA, FL. 34233-1614*

ARTICLE III SHARES

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

100 shares of Common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Michael I. Williams
4151 ROSAS AVENUE
SARASOTA, FL. 34233-1614*

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):

Michael I. Williams
4151 Rosas Avenue
SARASOTA, FL. 34233-1614

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25th day of September, 19 97.

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


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 Excellence Consulting Services, Inc.

2. The name and address of the registered agent and office is:

Michael I. Williams
(NAME)

4151 ROSAS AVE.
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

SARASOTA, FL. 34233-1614
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

Michael I. Williams
(SIGNATURE)

9/25/97
(DATE)