PA700010655

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

*****78.75 (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 \$122.50 \$131.25 Filing Fee, Certified Copy Filing Fee Filing Fee Filing Fee & Certificate & Certified Copy & Certificate Additional Copy Required FROM: Name (printed or typed) Address Daytime Telephone number

01107--010

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

ARTICLES OF INCORPORATION

of

(name of corporation)	
he undersigned subscriber(s) to these Articles of Incorporation, natural person(s orporation under the laws of the State of Florida.	s) competent to contract, hereby form a
ARTICLE I - CORPORATE NAME The name of the corporation is:	90002365699 -12/08/9701107010 ******78.75 ******78.7
LAS Consulting	Inc.
ARTICLE II - DURATION	
This corporation shall exist perpetually unless dissolved according to Florida law	TALLA PE
ARTICLE III - PURPOSE	HASSEE AND
The corporation is organized for the purpose of engaging in any activities or busi United States and the State of Florida.	iness permitted under the laws of the
Å ARTICLE IV- CAPITAL STOCK	
The corporation is authorized to issue <u>ONE HUNDER</u> shares (100 Dollar(s) (\$) par value Common Stock, which shall be designated	of ONE ated "Common Shares".
ARTICLE V - INITIAL REGISTERED OFFICE A	ND AGENT
The street address of the Initial Registered Agent office and the name of the Initi	ial Registered Agent at that office is:
NAME LOUIS A. SCHAEFER TIT-	
ADDRESS 900 FOX VALLEY DRIVE, S	w te # 100
CITY LONGWOOD FLORIDA 1	FZ ZIP 32779
The principal office, if known, or the mailing address of the corporation is:	
NAME LAS CONSULTING Inc.	

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have	By-Laws, but shall never be less than one (
	EFER III	
ADDRESS 900 FOX VALL	EU DRIVE SUIT	E # 100
CITY LONGWOOD	STATE FZ	zp3277
NAME	· · · · · · · · · · · · · · · · · · ·	
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
CITY LONG WOOD	Alley DRIVE, JUIT	ZP3277
NAME		
ADDRESS CITY	STATE	ZIP
NAME	SIMIL	
ADDRESS		
CITY	STATE	- ZIP
IN WITNESS WHEREOF, the undersigned subsiday of	scriber(s) have executed these Articles of In	corporation this
		(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT	-	
OF	E R	# 1 mm
	C19	
(name of corporation)	WCT -	
(name of corporation)	RIDA	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 90	00 FO	x VA	WEU	Deiv	E	Site	#100
	, DN 6 U	1001	, F	327	79		
has named	600	is	A. ~	SchAt	FER	II	
located at the	aforesaid a	ddress, as i	ts Registered	d Agent to acc	ept servic	e of process	within
this state.					<u>-</u>	_ :	

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent) (Incorporator)