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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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			****131.25
SUBJECT: BCD CONSULTING, 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 CO	PY REQUIRED
FROM:	CONNIE L Name (Pr	CALLADAN rinted or typed)	
	2748 TREASURY Circle East Address		
· .	JACK SON VILLE, FLORIDA 32246 City, State & Zip		
ill Wait	Daytime Telephone number  DEC 26,097		
		6.	Hall DEC.

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

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

BCD CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

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

2748 TREASURY CITCLE EAST JACKSONVIlle, FLORIDA 32246

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CONNIE L. CALLAHAN 2748 TREASURY CITCLE EAST JACKSONVILLE, FLA

ARTICLE V INCORPORATOR

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

CONNIE L. CALLAHAN 2748 TREASURY CITCLE EAST JACKSONVIlle, FLA

Signature/Incomparator

12/15/97 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