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Carlon Thomas
Requestor's Name

30K So. Orange BLOSSOM Trail

Orl, and Fl., 32805-407-649-1660
City/State/Zip Phone #

98 MAR 23 PM 12: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| · | Offic | Office Use Only | | |
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| CORPORATION N | NAME(S) & DOCUMENT NU | MBER(S), (if know | n): | ******* |
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| 1. <u>5. C. C.</u> | ONSULTING INC | Document #) | | · · · · · · · · · · · · · · · · · · · |
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| NEW FILINGS | AMENDMENTS | | • | |
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| NonProfit | Resignation of R.A., Officer/Di | irector | | |
| Limited Liability | Change of Registered Agent | | · - | |
| Domestication | Dissolution/Withdrawal | | = | |
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| OTHER FILINGS: | REGISTRATION QUALIFICATION Foreign Limited Partnership | BY PHONE I |) F C | 3 |
| Annual Report | QUALIFICATION | TOWN TO THE Y | R S | PH 2 11 2 11 2 11 2 11 2 11 2 11 2 11 2 |
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MARCH 19, 1998

DEPARTMENT OF CORPORATIONS
P.O. BOX 6237
TALLAHASSEE, FL 32310

DEAR SIR / MADAM:

ATTACHED AND ENCLOSED ARE ARTICLES OF INCORPORATIONS FOR S.C. CONSULTING, INC. ALSO ENCLOSED IS THE FILING FEE AND TWO COPIES. PLEASE EXECUTE THESE DOCUMENTS AND RETURN A COPY TO ME. THE REGISTERED AGENT AND THE ADDRESS OF REGISTERED OFFICE IS SOUHEIL CHARADA WHOM ADDRESS IS 6480 METROWEST BLVD. SUITE #916, ORLANDO, FL 32835.

SOUTHER CHARADA

ARTICLES OF INCORPORATION

FILED

FOR

98 MAR 23 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S.C. CONSULTING OF ORLANDO, INC.

ARTICLE ONE

THE NAME OF THE CORPORATION IS S. C. CONSULTING OF ORLANDO, INC.

ARTICLE TWO

THE PERIOD, TERM AND DURATION IS PERPETUAL.

ARTICLE THREE

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS BUSINESS AS A FULL SERVICE ENGINEERING CONSULTING FIRM, WHEREIN, WE WILL PROVIDE ENGINEERING CONSULITING SERVICES OF ALL KIND. THE BUSINESS WILL TRANSACT ALL OF ITS BUSINESS UNDER THE NAME OF S. C. CONSULTING, INC. ALSO, IF GRANTED CORPORATE STATUS THE BUSINESS WILL CONDUCT ANY OTHER SIMILAR BUSINESS OR BUSINESSES AS THE BUSINESS MAY SE FIT FROM TIME TO TIME AS PROVIDED FOR BY STATURE.

ARTICLE FOUR

OF ORLANDO THE AGGREGATE NUMBER OF SHARES BY WHICH S. C. CONSULTING, INC. SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES. EACH SHARE SHALL HAVE A PAR VALUE ON ONE DOLLAR EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ANY OF ITS' BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

ARTICLE SIX

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 6480 METROWEST BLVD. SUITE #916, ORLANDO, FL ZIP CODE NUMBER 32835. THE NAME OF THE INITIAL REGISTERED AGENT IS SOUHELL CHARADA, WHOSE ADDRESS IS 6480 METROWEST BLVD. SUITE #916, ORLANDO FLORIDA 32835. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS IS ONE . THE NAME AND ADDRESS OF THE PERSON WHO WILL SERVE AS DIRECTOR IS AS FOLLOWS.

ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

CARLTON THOMAS 304 SOUTH O.B.T. ORLANDO, FL 32805

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

CERTIFICATE OF DESTINATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF FLORIDA SUMMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

AGENT.

S. C. CONSULTING OF ORLANDO, INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

SOUHEIL CHARADA
(NAME)
6480 METROWEST BLVD. SUITE #916
(P.O. BOXES NOT ACCEPTABLE)
ORLANDO, FL 32835
(CITY/STATE/ZIP)

FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY DESIGNATION AS REGISTERED

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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 PROVISION OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM

Sauhail Chards

DATE