

TRANSMITTAL LETTER

P980000060010

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

600002580106--3
-07/06/98--01041--006
*****78.75 *****78.75

SUBJECT: Greco & Associates 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 COPY REQUIRED

FROM: LINDA GRECO
Name (Printed or typed)

15916 FARRINGHAM DRIVE
Address

Tampa, Florida 33647
City, State & Zip

(813) 910-7111
Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

98 JUL -6 PM 3:29

FILED

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

7-7-98
MM

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Greco & Associates Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

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

15916 FARRINGHAM DRIVE
Tampa, Florida, 33647

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

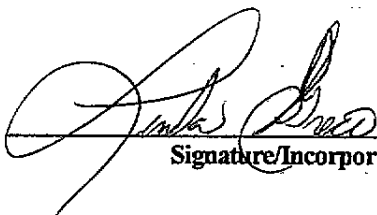
The name and Florida street address of the initial registered agent are:

LINDA GRECO
15916 FARRINGHAM DR.
TAMPA, FLORIDA 33647

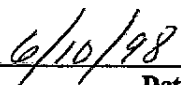
ARTICLE V INCORPORATOR

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

(SAME AS ABOVE)



Signature/Incorporator



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

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