

TRANSMITTAL LETTER

P98000061160

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 700002574477--5 -06/29/98--01041--014 *****78.75 ******78.75

SUBJECT:	ACCOUNTING (Proposed corpora	CONSULTING 5	ervices INC
	(Proposed corpora	ge name - most	,
		,	
Englaced is an origin	al and one(1) copy of the articles	s of incorporation and a c	check for:
Enclosed is an original			□ \$131.25
□ \$70.00	 	□\$122.50 Filing Fee	Filing Fee,
Filing Fee	& Certificate	& Certified Copy	Certified Copy & Certificate
	,	ADDITIONAL CO	PY REQUIRED.
			置り
FROM:	EVE SARDI Name (Printed	l or typed)	FILED ARASSES
		4 1706	EFF. T.
	101 BRINY A	<i>UE # 1703</i> ss	IO # 11: 54 IO # 11: 54 IABSEE, FLORIB
			>
	POMPANO BE	EACH 71. 330 & Zip	062
	954-785	- 6008	
	Daytime Teleph		## 4 m 4000
		•	T. SMITH JUL 1 0 1998

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 30, 1998

EVE SARDI 101 BRINT AVE #1705 POMPANO BEACH, FL 33062

SUBJECT: ACCOUNTING CONSULTING, INC.

Ref. Number: W98000014971

We have received your document for ACCOUNTING CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith Document Specialist

Letter Number: 798A00035503

ARTICLES OF INCORPORATION

98 JUL 10 AM II: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

ACCOUNTING CONSULTING SERVICES INC

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:

ACCOUNTING CONSULTING SERVICES INC

ARTICLE II PRINCIPAL OFFICE

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

POMPANO BEACH 7L. 33062

ARTICLE III SHARES

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

100 @ \$1.00 ea.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EVE SARDI 101 BRINY AUE # 1705 POMPANA BEACH 7L. 33062

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name and address of the registered agent and office is:	e corporation is: RCCOUNTING CONSULTING SERVI	<u>CES</u> /
(Name) 101 BRINY AUE # 1705 (P.O. Box NOT acceptable)		
(Name) 101 BRINY AUE # 1705 (P.O. Box <u>NOT</u> acceptable)	address of the registered agent and office is:	
(Name) 101 BRINY AUE # 1705 (P.O. Box <u>NOT</u> acceptable)	EUE SARDI	
(P.O. Box <u>NOT</u> acceptable)		
(P.O. Box <u>NOT</u> acceptable)	101 BRINY AUF # 1705	
POMPANO REACH FL 33062		
	POMPANO BEACH 72 33062	
(City/State/Zip)	(City/State/Zip)	

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.

DATE SECRETARY OF STALLAHASSEE, FLOI

REGISTERED AGENT FILING FEE: \$35.00

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):

EUE SARDI 101 BRINY AUE # 1705 POMPANO BEACH 7L. 33062

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this	
25 day of JUNE, 1998.	
(An additional article must be added if an effective date is requested.)	
Signature	
Cignoture	
Signature	
Signature	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.