

P98000064089



ACCOUNT NO. : 072100000032

REFERENCE : 894977 119240A

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 70.00

ORDER DATE : July 16, 1998

ORDER TIME : 8:53 AM

ORDER NO. : 894977-005

CUSTOMER NO: 119240A

CUSTOMER: Mr. Robert Strogis
FAUSEL AND STROGIS, INC.

Suite 208
251 Maitland Avenue
Altamonte Spgs, FL 32701

900002591579--5

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 17 PM 3:07

DOMESTIC FILING

NAME: ~~INFORMATION MANAGEMENT~~
~~CONSULTING, INC.~~

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

2555-2544
W98-1162B

EXAMINER'S INITIALS:

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98 JUL 17 PM 3:07
DIVISION OF CORPORATIONS
7/16/98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 17 PM 3:07

July 17, 1998

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

RESUBMIT

Please give original
submission date as file date.

SUBJECT: INFORMATION MANAGEMENT CONSULTING, INC.
Ref. Number: W98000016273

We have received your document for INFORMATION MANAGEMENT CONSULTING, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The registered agent and street address must be consistent wherever it appears in your document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 298A00038072

RECEIVED
JUL 21 1998
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 17 PM 3:07

MANAGEMENT SOFTWARE CONSULTING, INC.

ARTICLE I NAME

The name of the corporation shall be:

MANAGEMENT SOFTWARE CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

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

3942 VILLAS GREEN CIRCLE

LONGWOOD FL 32779

ARTICLE III CAPITAL STOCK

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

100 SHARES OF THE

PAR VALUE OF \$1.00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

M. ALI RAHIM

3942 VILLAS GREEN CIRCLE

LONGWOOD FL 32779

ARTICLE V INCORPORATOR


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

M. ALI RAHIM

3942 VILLAS GREEN CIRCLE

LONGWOOD FL 32779

The undersigned has executed these Articles of Incorporation
this 12TH day of JULY 1998.


Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 17 PM 3:07

Pursuant to the provisions of Section 607.0501, 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.

1. The name of the corporation is:

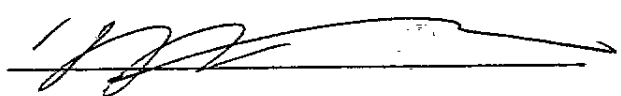
MANAGEMENT SOFTWARE CONSULTING, INC.

2. The name and address of the registered agent and office is:

M. ALI RAHIM

3942 VILLAS GREEN CIRCLE

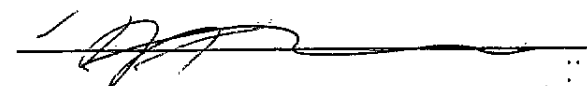
LOMBWOOD FL 32779

Signature: 

Title: INCORPORATOR

Date: 7/12/98

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: 

Date: 7/12/98