P98000100707

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

SUBJECT:	SHONE LONSU		•	
	(Proposed corpo	orate name - must include suf	fix)	= 1/2
		٤	900002761 -12/03/98 *****70.00	01072001
Enclosed is an orig	ginal and one(1) copy of the articl	es of incorporation and a		***************************************
\$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FRO	M: MICHAEL A. Name (P.	SAONE rinted or typed)		·
	42.44 W.	Tenness le	St. Su.	ite 330
-ED PN 1:19 OF STATE E.FLORIDA	MUAHASSEE City. (850) 212	100,000	04	98 DEC -3 PM

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

ARTICLES OF INCORPORATION	98 DEC SECRET
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	FILED 7-3 PM TARY OF ASSEE, F
ARTICLE I NAME	FCO
The name of the corporation shall be:	
The name of the corporation shall be: SALONE Consulting GROUP, Inc.	A ., 3
ADTICLE IL DDINCIDAL OFFICE	
The principal place of business and mailing address of this corporation shall be: 4244 W. Tennessee	st. F
5vite 330	1/
ARTICLE III SHARES TA LLAMESSEE, FL	32304
The number of shares of stock that this corporation is authorized to have outstanding at any or	ne time is:
1,000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	,
The name and Florida street address of the initial registered agent are: M: Chael A. Salone 4244 W. Tenne The salone 4244 W. Tenne	spect.
Suite 336	. 22 341
ARTICLE V INCORPORATOR JANAHOSSES, FL	52304
The name and address of the incorporator to these Articles of Incorporation are: MICHAEL A. SALONE 4344 W. TENMESSE	e st
Suite 336 TAUL AHASSE, PL 32	204
TALL AMOSEE, PL SE	
Michael Afabre 12/3/9	
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 at registered agent

Signature/Registered Agent

Date