TRANSMITTAL LETTER

199000010485 Department of State

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

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SUBJECT:	EBGODS CONSULTING	SERVICES, In	
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 of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: THOMAS JOHN Name (Printed or typed)			
4860 48th STREET WEST #809 Address 25 98			
BRADENTON, FL - 34210 City, State & Zip			

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

Daytime Telephone number

941, 792, 7684

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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:

WEBGIODS CONSULTING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 48th STREET WEST #809

BRADENTON, FL-34210

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500,000

INITIAL REGISTERED AGENT AND STREET ADDRES

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

THOMAS JOHN 4860 48th STREET WEST, #809

BRADENTON, FL-34210

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

THOMAS TOHN

4860 48th STREET WEST #809

BRADENTON , FL-34210

Signature/Incorporator

(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