

P99000014433

TRANSMITTAL LETTER

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

SUBJECT: EW Consulting, Inc.
(Proposed corporation 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 of Status

☐ \$78.75 Filing Fee & Certified Copy

☒ \$78.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

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-02/12/99--01065--002
FROM: CHARLES W. WASHINGTON *****78.50 *****78.50
1731 N.W. 99TH AVENUE
PLANTATION, FLORIDA 33322
954-762-5642 OR 954-452-8415

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

99 FEB 12 AM 10:18
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FEB 15 1999

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: EW Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Place of Business

Plantation, Florida 33322

Mailing Address

P. O. Box 17415

Plantation, Florida 33322

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is 500.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

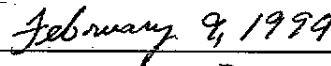
Charles W. Washington, Ph.D.
1731 N. W. 99th Avenue
Plantation, Florida 33322

ARTICLE V INCORPORATOR

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

Charles W. Washington, Ph.D.
1731 N. W. 99th Avenue
Plantation, Florida 33322

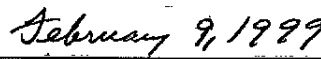

Signature of Incorporator


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 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA