

TRANSMITTAL LETTER

P990000 17318

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

SUBJECT:

SAD Incorporated

(Proposed corporate name - must include suffix)

900002780509--3
-02/19/99--01039--023
*****87.50 *****87.50

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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

KENNETH BOWRON

Name (Printed or typed)

3696 Kingston Blvd

Address

SARASOTA FL 34238

City, State & Zip

941-923-9718

Daytime Telephone number

K. Bowron GAVE
AUTHORIZATION BY PHONE TO
CORRECT Change name.
DATE 2/23/99
DOC. EXAM MD

Programs Consultant, Inc.

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

B. BROCK FEB 23 1999

FILED
99 FEB 19 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W9900000 4375

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:

Programs Consultant Inc.

ARTICLE II PRINCIPAL OFFICE

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

3696 Kingston Blvd
SARASOTA, FL 34238

ARTICLE III SHARES

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

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SHERIE BOWRON
3696 Kingston Blvd
SARASOTA FL 34238

ARTICLE V INCORPORATOR

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

KEN BOWRON
3696 Kingston Blvd
SARASOTA FL 34238

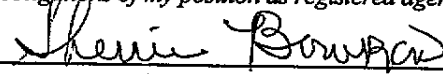

Signature/Incorporator

2-17-99

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 as registered agent


Signature/Registered Agent

2-17-99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 FEB 19 PM 1:21

FILED