

**CORPORATE
ACCESS,
INC.**

P99000021399

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

5/8/99

(Signature)

☒ **CERTIFIED COPY**

CUS

☒ **PHOTO COPY**

FILING

Artst

1.) Mid-West Consulting, Inc.
(CORPORATE NAME & DOCUMENT #)

100002798621--4
-03/09/99-01003-010
*****75.00 *****70.00

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

FILED
99 MAR -8 AM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
99 MAR -8 PM 4:02
DIVISION OF CORPORATION

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:

MID-WEST CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

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

1500 SAN REMO AVENUE
CORAL GABLES, FL 33146

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

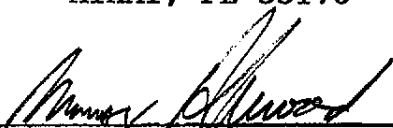
The name and Florida street address of the initial registered agent are:

JAY STEINMAN, ESQ
ZACK, KOSNITZKY, P.A.
100 S.E. 2nd STREET., STE 2800
MIAMI, FL 33133

ARTICLE V INCORPORATOR

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

MANDY ATWOOD
9252 S.W. 136 STREET CIRCLE
MIAMI, FL 33176



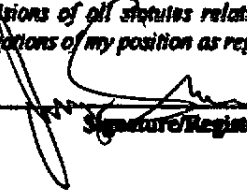
Signature/Incorporator

3-3-99

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

3-4-99

Date

FILED
99 MAR -8 AM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA