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

03/05/99--01106--002 \*\*\*\*87.50 \*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

**2** \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: P. ROGER SHIKHA

Name (Printed or typed)

BOCA RATION FL 33498.
City, State & Zip

561 - 482 - 7573

Daytime Telephone number

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

## 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.	<del>-</del>
ARTICLE I NAME The name of the corporation shall be:	<u></u> ,
TECHNOLOGY AND SCIENCE CONSU	LTING GROUP
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  1949/BLACK OLIVE LANE	Ī ĮN
BOCA RATON FL 33498	_ ·
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding a	at any one time is:
1,500	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDR	
The name and Florida street address of the initial registered agent are:	
T. BHICHA	<b>99</b> ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥
19491 BLACK OLIVE LANE, BOCA RATON FC.	33 498 AR - PR
ARTICLE V INCORPORATOR	<b>්</b> ඩ්
The name and address of the incorporator to these Articles of Incorporation are:	
P. ROGER BHIKHA	OF STATE RPORATILE
19491 BLACK OLIVE	LANC OF
BOCA RATION FL 33/498	
1. Logi De Maral Z	= 1995
Signature/Incorporator D	afe -
	프 - 프
(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 proposition as registered agent

Signature/Registered Agent

Date