

P99000035543
TRANSMITTAL LETTER

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

SUBJECT: C & W Consulting Services Inc.
(Proposed corporate name - must include suffix)

700002843887--0
-04/19/99--01090--012
*****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:

John Wright

Name (Printed or typed)

4408 Kelson Ave

Address

MARIANNA FLA 32448

City, State & Zip

850-482-7668

Daytime Telephone number

RECEIVED

99 APR 19 PM 1:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 19 PM 1:46

FILED

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

ajc.

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:

C&W Consulting Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

4408 Kelson Ave
MARIANNA FLA 32448

ARTICLE III SHARES

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

3

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John Wright
4408 Kelson Ave
MARIANNA FLA 32448

ARTICLE V INCORPORATOR

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

John Wright
4408 Kelson Ave
MARIANNA FLA 32448

John Wright
Signature/Incorporator

4-15-99
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

John Wright
Signature/Registered Agent

4-15-99
Date

99 APR 19 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED