

TRANSMITTAL LETTER

P99000041290

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

000002860890--9
-05/03/99-01137-017
*****78.75 *****78.75

SUBJECT: THE LAFERRIERE CONSULTING GROUP, INC.
(Proposed corporate 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

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

ADDITIONAL COPY REQUIRED

FROM: BRIAN T. LAFERRIERE
Name (Printed or typed)

5411 FOURTH AVE. DR. NW
Address

BRADENTON FL 34209
City, State & Zip

(941) 714 0877
Daytime Telephone number

FILED
MAY - 3 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I: NAME

The name of the Corporation shall be:

The LaFerriere Consulting Group, Inc.

ARTICLE II: PRINCIPAL OFFICE

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

5411 Fourth Avenue Drive NW
Bradenton, FL 34209

ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
One million (1,000,000)

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

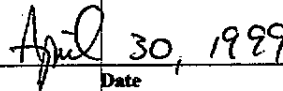
Brian T. LaFerriere
5411 Fourth Avenue Drive NW
Bradenton, FL 34209

ARTICLE V: INCORPORATOR

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

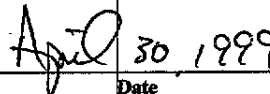
Brian T. LaFerriere
5411 Fourth Avenue Drive NW
Bradenton, FL 34209


Signature/ Incorporator


Date

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


Date

FILED
99 MAY -3 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA