

TRANSMITTAL LETTER

P99000060686

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

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-07/01/99--01064--012
*****78.75 *****78.75

SUBJECT:

PRODUCERS CONSULTING GROUP, INC

(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUL -1 PM 1:56

FILED

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:

DAVID OLINSKY

Name (Printed or typed)

13899 BISCAYNE BLVD

Address

NORTH MIAMI BEACH, FL 33187

City, State & Zip

(305) 893-4440

Daytime Telephone number

R. CHESLER JUL 7 1999

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:

PRODUCERS CONSULTING GROUP, INC

ARTICLE II PRINCIPAL OFFICE

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

13899 BISCAYNE BLVD
PH
NORTH MIAMI BEACH, FL 33181

ARTICLE III SHARES

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

1000 (ONE THOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVID OLINSKY
13899 BISCAYNE BLVD PH
NORTH MIAMI BEACH, FL 33181

ARTICLE V INCORPORATOR

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

DAVID OLINSKY
13899 BISCAYNE BLVD PH
NORTH MIAMI BEACH, FL 33181

Signature/Incorporator

6/29/99

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

6/29/99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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