Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 100002923211--2 -07/06/99-01030-016 -07/06/99-01030-016 *****78.75 ******78.75

SUBJECT:	Lincoln Cons. (Proposed corpor	ate name - must include su	ffix)
Enclosed is an originum \$70.00 Filing Fee	nal and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Name (P	1	
	Longwood, Fl City,	Address 32750 State & Zip 4-4446 Telephone number	

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

1/13/15

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
Lincoln Consulting Corp.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation about the
20,70 1004
Longwood, FL. 32750 P.O Box 915051 ARTICLE III SHARES The number of charge of the left of the number of charge of the number
ANTICLE III SHAPES LONGLASSA TO KIND AND AND AND AND AND AND AND AND AND A
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
19D
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Tim Murray, 632 Weyknidge Ct. ARTICLE V INCORPORTOR
Lake Mary 142. 37746

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Tim Morroy

your M mit pound mil

63D 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 30 99 Date