TRANSMITTAL LETTER

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Department of State
Division of Corporations
P. O. Box 6327

P. O. Box 6327
Tallahassee, FL 32314

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-07/29/99--01042--004
*****70.00 ******70.00

SUBJECT: BOV Consulfing, MC,

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COR	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUERED
FROM:	FROM: Steven S. Wherry Name (Printed or typed)		L 29 PM
Ot Seabreeze Blvd.			PM 12: 14 E.FLORIDA
FL Landardale, FL 333/6 City, State & Zip			
954-713-8166 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.

ARTICLE I NAME

The name of the corporation shall be:

BOV Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

515 Seabreeze Boulevard Fort Lauderdale, FL 33316

ARTICLE III SHARES

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

One hundred (100) shares of common stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Steven S. Wherry

515 Seabreeze Boulevard Fort Lauderdale, FL 33316

Port Educidate, FE 55510

ARTICLE V INCORPORATOR

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

Steven S. Wherry

515 Seabreeze Boulevard

Fort Lauderdale, FL 33316

Steven S. Wherry, Incorporator

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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

Steven S Wherry, Registered Agent

SS:

Date

State of Florida

County of Broward

FILLE U 19 JUL 29 PM 12: 14 SECHELARY OF STATE SECHELARY OF STATE

BEFORE ME, the undersigned authority, a notary public, in and for the State of Florida, at large, personally appeared **Steven S. Wherry**, who identified himself with a Florida driver's license, and who acknowledged execution of the foregoing instrument for the purposes therein contained.

WITNESS my hand and official seal in the State and County last aforesaid, this

27 day of all 1999

Notary Public

JOANNE M SCARPA State of Fiorida My Comm. Exp: 08/26/01 Comm#: CC680083