# P990000 86052

EFFECTIVE DATE

#### TRANSMITTAL LETTER

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

B00002997168--8 -09/27/99--01048--007 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: DOLPHIN CONSULTING INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

FROM:	GELBER AND COMPANY	
	Name	SEC SEC
	285 N.W. 199 <sup>TH</sup> Street, Suite 204	SEP 27 CRETARY LAHASSE
	Address	
	Miami, FL 33169	IORIDA
	City, State & Zip	
	(305) 651-8000	
	Daytime Telephone number	





ASCOLOGICA MOSON

#### 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 **DOLPHIN CONSULTING**, **INC**.

# ARTICLE II PRINCIPAL OFFICE

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

4090 WOODRIDGE ROAD MIAMI, FL 33133

### ARTICLE III SHARES

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

100

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOSHUA HANFT 4090 WOODRIDGE ROAD MIAMI, FL 33133

#### ARTICLE V INCORPORATOR

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

JOSHUA HANFT 4090 WOODRIDGE ROAD MIAMI, FL 33133

# ARTICLE VI EFFECTIVE DATE

The effective date of this corporation shall be: OCTOBER 1, 1999

Signature/Incorporator

9/22/99

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

9/22/9

Date

OFFICIAL NOTARY SEAL.
KELLY C WATSON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC696843
MY COMMISSION EXP. NOV. 17,2001

IN WITNESS WHEREOF,
I have signed by name and affixed

my official notary seal this
dayof to the box, 199

Notary Public