

TRANSMITTAL LETTER

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

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-11/17/99--01004--007
*****78.75 *****78.75

SUBJECT: FULL-CIRCLE Training and Consulting, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARY SUE BARRY
Name (Printed or typed)

49 DOUGLAS #22
Address

Homasassa, FL 34446
City, State & Zip

352 382 5697
Daytime Telephone number

FILED
99 NOV 17 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. Roffe NOV 17 1999

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

W99-26195

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: FULL-CIRCLE TRAINING & CONSULTING, Inc.
2. The principal place of business and mailing address of the corporation is: 49 Douglas
#22, Homosassa, FL 34446
3. The corporation shall have the authority to issue 100 shares of stock.
4. The registered agent of the corporation is Mary Sue Barry and the registered street address is 49 Douglas, #22, Homosassa, Florida 34446.
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Mary Sue Barry
49 Douglas, #22
Homosassa, FL 34446

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Mary Sue Barry whose street address is 49 Douglas, #22, Homosassa, FL 34446

Dated Nov. 8, 1999

Mary Sue Barry
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 11-8-99

Mary Sue Barry
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA