

Pod 000003270

TRANSMITTAL LETTER

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

300004755983--3  
-01/07/02--01063--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: System Solutions, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Michael DeLuca  
Name (Printed or typed)

1631 SW 105 Lane  
Address

Davie, FL 33324  
City, State & Zip

954 424-6139  
Daytime Telephone number

02 JAN - 7 PM 12:26  
**FILED**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

g/1/10

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

System Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1631 SW 105 Lane  
Davie, FL 33324

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sale of Computer-Related Services

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Michael DeLuca  
1631 SW 105 Lane  
Davie, FL 33324  
President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Michael DeLuca  
1631 SW 105 Lane  
Davie, FL 33324

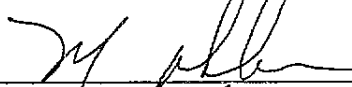
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

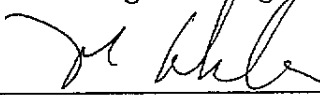
Michael DeLuca  
1631 SW 105 Lane  
Davie, FL 33324

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\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

1/4/2002  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/4/2002  
\_\_\_\_\_  
Date