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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

05 JUN 21 12:18:19  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

if-it solutions inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

*[Handwritten scribbles]*



**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:

*IF-IT Solutions Inc.*

**ARTICLE II - PRINCIPLE OFFICE:**

The principle office of business and mailing address of this corporation shall be:

*507 South 21 Avenue  
Hollywood FL, 33020*

**ARTICLE III - PURPOSE**

The purpose for which the corporation is organized is:

*IT Consulting*

**ARTICLE IV - SHARES**

*100*

**ARTICLE V - INITIAL DIRECTORS / OFFICERS**

The names and addresses:

*IAN A. FORRESTER  
345 Ocean Dr. #501  
Miami Beach, FL 33139*

**ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*Ian Forrester  
345 Ocean Dr. #501 Miami Beach, FL 33139*

**ARTICLE VII - INCORPORATOR**

The name and address of the Incorporator is:

*Ian A. Forrester  
345 Ocean Dr. #501, Miami Beach, FL 33139*

Having been named as registered to accept service of process for the above state 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]*  
\_\_\_\_\_  
Signature Registered Agent

*1-21-2005*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature Incorporator

*1-21-2005*  
\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF MIAMI  
JAN 21 2005

*[Handwritten scribbles]*