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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Casais I last matical to Filip Office |
| Special Instructions to Filing Officer: |
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COVER LETTER

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

| SUBJECT: Sett | tlement Solutions Corp. | | |
|-----------------------|--|---------------------------------------|--|
| | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an | original and one (1) copy of the ar | ticles of incorporation and | a check for: |
| 2 \$70.0 Filing Fe | | □ \$78.75 Filing Fee & Certified Copy | ■ \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL COPY REQUIRED | |
| FROM: | John S. McPhee Nam | ne (Printed or typed) | |
| | P.O. Box 530948 | | |
| | | Address | |
| | Miami Shores, Florida 33153-0948 City | , State & Zip | |
| | (305) 758-4074 | | |
| | Daytime ' | Telephone number | |
| | jsmlaw@bellsouth.net | | |
| | E-mail address: (to be us | ed for future annual report | notification) |

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

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:

Settlement Solutions Corp.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: The address of the principal office of this Corporation is 599 N.E. 101st Street, Miami Shores, FL 33138, and the mailing address is P.O. Box 530948, Miami Shores, FL 33153.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide mediation and arbitration services.



The number of shares of stock is: Ten Thousand (10,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John S. McPhee, Lynn S. Waterman,
President Vice President
P.O. Box 530948
Miami Shores, FL 33153
Miami Shores, FL 33153

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

John S. McPhee 599 N.E. 101st Street Miami Shores, Florida 33138

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Lynn S. Waterman P.O. Box 530948

Miami Shores, FL 33153-0948

| Having been named as registered | l agent to accept servi | ce of process for the ab | ove stated corporation at | t the |
|--|-------------------------|--------------------------|---------------------------|-------|
| place designated-in-this ce rti ficat | | and accept the appoint | ment as registered agent | and |
| agree to act in this capacity | | | | |

JOHN S. McPHEE

Signature Registered Agent

Date

4/30/2010

Signature/Incorporator

Date

LYNN S. WATERMAN