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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800)494-3124  
Fax Number : (561)455-9885

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION

Arlis Group, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

ARIS GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

405 S DALE MABRY HWY #310  
TAMPA, FLORIDA 33609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 COMMON SHARES PAR VALUE \$0.01

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

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT, TREASURER  
NICHOLAS S ANDREWS  
405 S DALE MABRY HWY #310  
TAMPA, FLORIDA 33609

VICE PRESIDENT, SECRETARY  
MARCUS A BROCATO  
405 S DALE MABRY HWY #310  
TAMPA, FLORIDA 33609

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PAGE 2 ARIS GROUP, INC.

**ARTICLE VI REGISTERED AGENT**

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


NICHOLAS S ANDREWS  
405 S DALE MABRY HWY #310  
TAMPA, FLORIDA 33609

**ARTICLE VII INCORPORATOR**

The name and street address of the Incorporator is:

NICHOLAS S ANDREWS  
405 S DALE MABRY HWY #310  
TAMPA, FLORIDA 33609

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.

  
\_\_\_\_\_  
NICHOLAS S ANDREWS / Registered Agent

  
\_\_\_\_\_  
NICHOLAS S ANDREWS / Incorporator

02/28/11  
Date

02/28/11  
Date

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