TRANSMITTAL LETTER

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

Parker Solutions Inc
(Proposed corporate name - must include suffix)

90000293 ****131.25 *****87.50

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: Claudia T. Parker
Name (Printed or typed)

Bora Rafon Forida 33433
City, State & Zip

1-511-731-0141 Daytime Telephone number



ARTICLES OF INCORPORATION

FILED

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ECRETAK) OF STATE

LLAHASSEE, FIEDRIDA

The undersigned incorporator, for the purposes of forming a corporation under the Florida Busing Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Parker Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

. 1975 Parkside Circle South Boca Raton, FL 33486

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Claudia T. Parker 1975 Parkside Circle South Boca Raton, FL 33486

ARTICLE V EFFECTIVE DATE OF INCORPORATION

The effective date of incorporation shall be September 1, 1999.

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these articles of incorporation are:

Mark L. Parker 1975 Parkside Circle South Boca Raton, FL 33486 m-t S.l.

Signature/Incorporator

July 12. 1995

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the 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 I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

07.12.99

Date

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SECRETARY OF FLORIDA