

PA1000087479

TRANSMITTAL LETTER

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

000004568560--9  
09/04/01--01117--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: AAA Solutions Corporation  
(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: Joseph Sciallo  
Name (Printed or typed)

19778 Dinner Key DR  
Address

Boca Raton FL 33498  
City, State & Zip

561) 883-5254  
Daytime Telephone number

FILED  
01 SEP -4 AM 7:22  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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

9-6-01  
WC

**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:

AAA Solutions Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

19778 Dinner Key DR  
Boca Raton FL 33498

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Solutions for mortgages + credit

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

Joseph Sciallo  
19778 Dinner Key DR  
Boca Raton FL 33498

**ARTICLE VI REGISTERED AGENT**

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

Joseph Sciallo  
19778 Dinner Key DR  
Boca Raton FL 33498

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Joseph Sciallo  
19778 Dinner Key DR  
Boca Raton FL 33498

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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

8/31/01  
\_\_\_\_\_  
Date

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

8/31/01  
\_\_\_\_\_  
Date

FILED  
01 SEP -1, AM 7:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA