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TRANSMITTAL LETTER

Department of State	FILED PM 12: 34 CONTROL OF STATE CONTROL OF FLORID
Division of Corporations	第一周
P.O. Box 6327	M9 3
Tallahassee, FL 32314	75 ST 25
SUBJECT: At Solutions, Inc.	
Proposed Corporate Name	•
At Solutions, Inc.	
	, . . .
Enclosed is an original and one copy of the Articles of Incorporation, a registered agent, and a check for \$70.00. Please return one copy of the Articles of Incorporation, a registered agent, and a check for \$70.00. Please return one copy of the Articles of Incorporation, a registered agent, and a check for \$70.00.	a designation of Advisory of A
FROM:	
Leslie S. Fronczak	
Name (print or type)	
9170 W. Latimer Road	
Address	
Jacksonville, FL 32257	
City, State, Zip	
(904) 860-8893	
Area Code and Phone Number (Daytime)	

ARTICLES OF INCORPORATION OF

A+ Solutions, Inc. (Name of Corporation) The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE 1: NAME A^+ Solutions, Inc.The name of the corporation shall be ARTICLE 2: PRINCIPAL PLACE OF BUSINESS The principal place of business of this corporation shall be (give street address and zip 4170 W. Latimer Road, Jacksonville, FL 3 **ARTICLE 3: SHARES** All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any 10000 (Ten thousand) ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE The name of the initial registered agent is Lesie S. Fronczak 9170 W. Latimer Road, Jacksonville, whose registered office is located at the place of business stated in Article 2 above. ARTICLE 5: INCORPORATOR The name and street address of the incorporator to these Articles of Incorporation is: Leslie S. Fronczak 9170 W. Latimer Road Jacksonville, FL 32257

Signature

The undersigned incorporator has executed these Articles of Incorporation this 2

Day of December 1900

Articles of Incorporation Filing Fee — \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Furstiant to Florida law, the undersigned Corporation organized under the laws of the State of Florida submits the following statement in designating the registered office/registere agent, in the State of Florida.	
1. The name of the corporation/professional association is: A+ Solutions, Inc.	<u> </u>
2. The name and address of the registered agent and office is: LESTIE S. Fronczak	99 DEC 27 P
Full name	PH 12: 31 SEC, FLORIS
9170 W. Latimer Road	HOHE TS:
Address (P.O. Box not acceptable)	
Jacusonville, FL 32257	
City, State, and Zip	_
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE O	F

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS 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.

SUES Froncal SIGNATURE OF REGISTERED AGENT 12/21/99

Designation of Registered Agent Filing Fee — \$35.00