## **2.1 14.1 克里克斯 14.4**

The untersegned incorpora MUNICIPALITY CONTROL ACT.

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

roll Carper

SUBJECT: To form a corporation (Proposed corporate name - must include suffix)

Soft solv corporation

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

**\$78.75** 

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

**X** \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Jorge Blanco
Name (Printed or typed) 6409 N Blossom Ave

813-263-6147

Daytime Telephone number

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

PH 1/4/2000

7.	ARTICLES OF INCORPORATION	FILED
•	The undersigned incorporator, for the purpose of forming a corporation under the Flori Business Corporation Act, hereby adopts the following Articles of Incorporation.  ARTICLE I NAME  The name of the corporation shall be:  Softsolv Corporation	or watew/ Ob STATE
	ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	
	6409 N Blosson  TAMPA, FL 336.  ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstand	14

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Jorge Blance 6409 N. Blossom Ave TAMPA, FI 33614

INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Eorge Blanco 6409 N. Blossom Ave. TAMPA, Fl 33614

11000 Shares /

12-22-99 Date

(An additional article must be added if an effective date is requested.)

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

12-22-99 Signature/Registered Agent Date