POODO A S

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

SUBJECT:	TASKMASTER		
	(TASKMASTER S	rate name - must include su SOLUTIONS IN	
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 of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: LUIS VEGAS Name (Printed or typed)			
9313 NW 121 ST B			
HIALEAH GARDENS, FL 33018			

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

CC 74100

ARTICLES OF INCORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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ARTICLE I NAME

The name of the corporation shall be:

TASK MASTER Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

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

9313 nw 121st-HIALEAH GARDENS Florida 33018.

ARTICLE III SHARES

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Luis VEGAS, 9313 nw 121 ST. HiALEAH GARDONG, FL. 33018.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Luis VEGAS - PRESIDENT 97137W 1218T, HIALEAH GARDONS, FL, 33018

Signature/Incorporator

12.28.99

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

Signature/Registered Agent

Date