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Transmittal Letter

Department of State
Division of Corporation
P O Box 6327
Tallahassee FL 32314

500003035745--2 -01/12/00--01038--012 *****78.50 *****78.50

Subject: OLAP Solutions Inc

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

() \$70.00 Filing Fee

(4)\$78.50 Filing Fee & Certificate

() \$122.50 Filing Fee & Certified Copy

() \$131.25 Filing Fee, Certified Copy & Certificate

From:

Neville G. Atwell 6435 Branchwood Dr., Lake Worth, FL 33467

Ph: 561-588-6535

OO JAN 12 PM 3: 21

08/1/20

Article of Incorporation

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporations.

Article I Name

The name of the corporation shall be:

OLAP Solutions Inc

Article II

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

6435 Branchwood Dr Lake Worth, FL 33467

Article III Shares

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

500 common

Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Neville G. Atwell 6435 Branchwood Dr., Lake Worth, FL 33467 OD JAN 12 PH 3: 21
TALL HERSSEE, FLORIDA

Article V Incorporators(s)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Neville G. Atwell 6435 Branchwood Dr., Lake Worth, FL 33467

The undersigned incorporator(s) has (have) executed the Articles of Incorporation this

10th day of January 25 2000.

Signature:

Neville G. Atwell

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is:_ | OLAP | Solu | tions | Inc | | | |
|--------------------|--|--|--|---|--|-----------------------------------|-----------------------------------|----------|
| | • | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 2. | The name and address of the reg | jistered age | ent and offi | ce is: | 7. | 100 J≱. | 170 mg | |
| | Neville | <u>2 G. A</u> (Name) | twell | · | | N - | Control of the second | |
| | ************************************** | Branch | | Drine | x + | ည ယ က | | ' |
| | | . Box not ac | | | D Pri | | | |
| | lake l | Worth | | 3346 | 57_ | | | - |
| | | (City/State/Z | ip) | | | | | |
| Hər | ving happ named as registered as | gent and to | accent sei | vice of n | rocess : | for th | e | |
| abo the to o | ving been named as registered ag we stated corporation at the place appointment as registered agent comply with the provisions of all since of my duties, and I am familiar | e designate and agree tatutes rela with and a | d in this co to act in th ting to the ccept the | ertificate, is capaci proper ar obligation | I hereb ty. I fur nd comp ns of m | y aco ther a olete y pos | cept agree perfor- ition | - |
| 3S I | registeréd agent. | | | 1anna | | 000 | М. IN- | |
| | (Signature) | | | (Da | teY | | | |