POSOOOS/382/

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

SUBJECT: Innovative IT Solutions, Inc.

(Proposed corporate name - must include suffix)

800003122608--5 -02/03/00--01072--006 *****87.50 *****87.50

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

☑ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Richard K. Meder

Name (Printed or typed)

23090 Post Gardens Way, #318

Address

Boca Raton, FL 33433

City, State & Zip

(561) 750-6162

Daytime Telephone number

OOFEB -3 AM 8: 53
SECRETARY OF STATE
TALLAHASSEF, ELORIDA

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

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ARTICLES OF INCORPORATION

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

NAME

The name of the corporation shall be:

Innovative IT Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

23090 Post Gardens Way, Suite 318, Boca Raton, FL 33433

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

One Hundred

<u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

Richard K. Meder, 265 NE 4th Street, Boca Raton, FL 33432

INCORPORATOR

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

Richard K. Meder, 265 NE 4th Street, Boca Raton, FL 33432

Signature/Incorporator

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