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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			800003137 -02/16/000 ******78.75	01089007
~~~~~	Pro-Active Enterpris	se Solutions, Inc.		
SUBJECT:	(Proposed corporate	te name - must include suffix	:)	•
Enclosed is an original an	d one(1) copy of the article	es of incorporation and a	check for:	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	₩\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
·		ADDITIONAL CO	PY REQUIRED	
FROM:	10556 N.W. 26t	inted or typed) h Street - Suite 20 ddress	SECRETARY OF STATE LALLAHASSEE, FLORIDA	Section 1
	Miami, FL 331		· -	
•	City, 9 (305) 592–0663	State & Zip	•	
•	(===, === ===			

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

Daytime Telephone number

98/21

## ARTICLES OF INCORPORATION OF Pro-Active Enterprise Solutions, Inc.

The undersigned, has executed the following document as incorporator of the above named corporation, a corporation under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

### ARTICLE I. NAME

ARTICLE II. COMMENCEMENT OF EXISTENCE

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This Corporation shall commence existence upon the filing of these Articles of Ingerporation by partment of State, State of Florida, and shall have perpetual existence. the Department of State, State of Florida, and shall have perpetual existence.

# ARTICLE III. NATURE OF CORPORATE BUSINESS

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- Transact any and all lawful business. (1)
- Said corporation shall further have powers: (2)

To have perpetual succession by its corporate name;

### ARTICLE IV. AUTHORIZED SHARES

The aggregate number of shares which the corporation shall have authority to issue is the total sum of five hundred (500) shares, having an individual par value of one dollar (\$1.00).

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

# ARTICLE V. INITIAL PRINCIPAL OFFICE AND INITIAL RESIDENT AGENT

The street address of the initial principal office of the corporation shall be:

10556 N.W. 26th St. - Suite 203 Miami, FL 33172

and the name of the corporation's initial registered agent shall be:

Orlando Arrom.

### ARTICLE VI. BOARD OF DIRECTORS

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

Name:

Address:

Orlando Arrom

10556 NW 26th St. - Suite 203 Miami, FL 33308

The name and address of the incorporator executing these Articles of Incorporation is:

Orlando Arrom 10556 N.W. 26th St. - Suite 203 Miami, FL 33308

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 10th day of February, 2000.

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: Pro-Active Enterprise Solutions, Inc..
- 2. The name and address of the registered agent and office is:

Orlando Arrom	•
(NAME)	_
10556 N.W. 26th Street - Suite 203	-
(P.O. BOX <u>NOT</u> ACCEPTABLE)	<del></del>
Miami, FL 33172	
(CITY/STATE/ZIP)	

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

DATE TUSMUL 10, LOU