TRANSMITTAL LETTER

1000063560 Department of State

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

SUBJECT:	MULTIMEDIA (Proposed corp	SOLUTION orate name - must include suf	S, INC.	
Enclosed is an origi	nal and one(1) copy of the artic		00003294312- -06/16/000106901 ******87.50 *****87	
\$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 PY REQUIRED	
FROM: THOMAS SCHONROCK Name (Printed or typed) 1507 SE 15th STReet #2 Address				
	(954) 523-	State & Zip 7904 elephone number	SECRETARY OF STATE OF	

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

W-15886



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 22, 2000

THOMAS SCHONROCK 1507 SE 15TH STREET, #2 FORT LAUDERDALE, FL 33316

SUBJECT: MULTIMEDIA SOLUTIONS, INC.

Ref. Number: W00000015886

We have received your document for MULTIMEDIA SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Kimberly Rolfe Corporate Specialist Supervisor

Letter Number: 400A00035399

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.

ARTICLE I NAME	
The name of the corporation shall be:	
MULTIMEDIA SOLUTIONS OF FORTH	AUDERDALE, I
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be: 1507 SE 15th ST Rect #12 #1	
FORT LAUDERDALE, F LOCIDA 33316 ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at	t any one time is:
1000	tally the talle to.
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDR	FSS
The name and Florida street address of the initial registered agent are:	<u> </u>
THOMAS SCHONROCK 1507 SE 15th STREET #1	⊼ _s o
1507 SE 154 STREET #!	
FORT CAUDERDAIR, FC 33316	
ARTICLE V INCORPÓRATOR	JUN 29 CRETAR' LAHASS
The name and address of the incorporator to these Articles of Incorporation are:	—————————————————————————————————————
	me z m
THOMAS SCHONROCK	i i i
1507 (E) 15th Cress & # 21	<u> </u>
1507 SE 15th STREET # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DA F
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Michael At	In
Signature/Incorporator Da	700
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(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service o	f process for the above stated corporation at the place designated in
this certificate, I hereby accept the appointment as registered ag	ent and agree to act in this canacity. I further garee to comply with
the provisions of all statutes relating to the proper and complet	te performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	, , , , , , , , , , , , , , , , , , , ,
Mal A	2/2/

Signature/Registered Agent

Date