

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Solutions By Seka, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	,03 (il)
Estimated Charge	\$78.75

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ARTICLES 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 Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Solutions By Seka, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Solutions By Seka, Inc. 3230 NE 13TH STREET - APT 208 POMPANO BEACH, FL 33062

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ARTICLE III SHARES

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

1500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

SEKA DRAGOJEVIC 3230 NE 13TH STREET - APT 208 POMPANO BEACH, FL 33062

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLES V INCORPORATOR(S)

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

SEKA DRAGOJEVIC 3230 NE 13TH STREET - APT 208 POMPANO BEACH, FL 33062

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

day of August 2000. 8th

SIGNATURE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is:	Solutions By Seka, Inc.
2. The name and address of the registe	rred agent and office is:
	SEKA DRAGOJEVIC
	Name
	3230 NE 13TH STREET - APT 208
	(P.O. Box or Mail Drop Box NOT Acceptable)
	POMPANO BEACH, FL 33062
,	(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Scha Dragujevic

Sekadragojevic

Signature

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