# TRANSMITTAL LETTER

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

SUBJECT:	SRA Solutio	ns, Inc. Tename-must inclui	DE SUFFIX)	
Enclosed is an origina	l and one(1) copy of the article		003443728 -10/30/0001109- *****87.50 *****	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED	
FROM:		ANDERSON inted or typed)	<u> </u>	
		LA CIRCLE U ddress	<u>).                                    </u>	
	LAKELAND, FL 33813 City, State & Zip			
		14-583 2	<del></del>	

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



#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

·SRA Solutions, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4913 CELIA CIRCLE W. LAKELAND, FL 33813

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION TO CONDUCT COMPUTER CONSULTING BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:

#### ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

STEVEN R. ANDERSON 4913 CELIA CIRCLE W. LAKELAND, FL 33813

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

STEVENT R. ANDERSON 4913 CELIA CIRCLE W. LAKELAND, FL 33813

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVEN R. ANDERSON 4913 CELIA CIRCL€ W LAKELAND, FL 33813

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

10/24/2000 Date

SECRETARY OF STAN

Signature/Incorporator