107/18 TRANSMITTAL LETTER

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

SUBJECT:	evestor Solutions, Inc.						
JUDUECI.	(PROPOSED CORPORA	TÉ NAME – <u>MUST INCL</u>	UDE SUFFIX)				
		5	00005 -11/1 ****	8 46 7 5/00-(*87.50	170525 ****	5 -014 **87.5	0
Enclosed is an origina	al and 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 Fec & Certified Copy ADDITIONAL CO	\$87.50 Filing Fed Certified & Certified Status PY REQUI	e, Copy cate of			
FROM:	Frank Armstrong, III	inted or typed)					
·	9400 S. Dadeland Blvd. Suite 409			Ţ,			
	Address Miami, FL 33156 City, State & Zip		SECRETARY	00 NOV -7			
11/16 1st signed for 11/7/00 location unknown- lesent 11/15 to my	305-670-6899	elephone number		OF STATE	AH II: 29		<u> </u>

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

W-27158

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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:

Investor Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9400 S. Dadeland Blvd. Suite 409 Miami, FL 33156

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Investment Advisor

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Frank Armstrong, III

4031 Poinciana Ave.

Coconut Grove, FL 33133

REGISTERED AGENT

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

Frank Armstrong, III 4031 Poinciana Ave. Coconut Grove, FL 33133

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Frank Armstrong, III 4031 Poinciana Ave. Coconut Grove, FL 33133 -

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

Signature/Registered Agen

Date

Date

Signature/Incorporator