POODOOOOOAA

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

			ded at	,
SUBJECT:	IT Professional (PROPOSED CORPORA)	Solutions, Inc. TE NAME – MUST INCL	UDE SUFFIX)	- .
	·	r.		e. - 1 errerier (d. a
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	a check for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	OPY REQUIRED	:
FROM	: David B. Amsler Name (Pr	rinted or typed)	-11/27/001 	01135—020 ******78.75
-	1191 Kersfield Cir	Address		
	Heathrow, FL 32746	State & Zip	TAL SE	2
	(407) 333-1020 Daytime T	elephone number	2-F	2010197
			E.F.CRE	3. II 3. II 3. II
			IDA IDA	5)

 $\begin{tabular}{ll} \textbf{NOTE:} & \textbf{Please provide the original and one copy of the articles.} \end{tabular}$

0411/29

ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be: IT Professional Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1191 Kersfield Circle, Heathrow, FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting and Planning Services

ARTICLE IV SHARES

The number of shares of stock is: 50,000

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es): David B. Amsler, President, Treasurer, Director

1191 Kersfield Circle Heathrow, FL 32746

Jaime L. Spann, Vice-President, Secretary, Director

901 Spring Valley Road

Altamonte Springs, FL 32714

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: David B. Amsler

1191 Kersfield Circle

Heathrow, FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: David B. Amsler

1191 Kersfield Circle

Heathrow, FL 32746

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 familial with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date