POICOOIS 39

Tessional Ergo Solutions INC.

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

LOOOO3707651---9 -02/16/01--01107--017 *****78,75 *****78,75

(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)							
Enclosed is an origina	d and one(1) copy of the article	es of incorporation and a	check for:	_			
☐ \$70.0Ō 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:	Tim David son Name (Printed or typed)						
	101 Neptun						
	51. August	adioss .	SECRETARY OF STATE TALLAHASSEE FLORIDA	FILED 2001 FEB 16 AM 10: 47			

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

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ARTICLE II	PRINCIPAL O	<u>FFICE</u>		SECRETARY OF STATE
	ace of business/mailin	ng address is:		TALLAHASSEE FLORIDA
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The number of all	SHARES			- · · · · · · · · · · · · · · · · · · ·
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Sosha	ver Grac Saltia	CEA		-
ARTICLE V	INITIAL OFFIC	ERS/DIRECTORS (o	ntional)	
The name(s) and	address(es):		<u>priorrar)</u>	-
ARTICLE VI	REGISTERE	ED AGENT		
The <u>name and F</u>	REGISTERE orida street address	of the registered agent i	 S:	.
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