pepartment of State pivision of Corporations

SUBJECT:	Solution	Source	Plus	Consulting	tre			
(Proposed comprate name - must include suffix)								

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Enclosed is an o	riginal and on	e (1) copy of	the articles of	incorporation and	a check
for ·					

\$70.00

\$78.75

\$122.50

Lois MCCLAIN
Name (printed or typed)

(8/3) 677-80/2 Daytime Telephone number

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

ARTICLES OF INCORPORATION

01 MAR 30 AM 9: 20

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SOLUTION SOURCE PLUS CONSULTING INC

The undersigned hereby organizes a corporation for profit under the Provisions of the Florida General Corporation Act, and pursuant to the following Articles of Incorporation

ARTICLE 1

Name

The name of this corporation is:

SOLUTION SOURCE PLUS CONSULTING INC

ARTICLE 2

Duration

This Corporation shall have a perpetual existence, commencing upon filing.

ARTICLE 3

Principal Office

The address of the initial principal office of this Corporation is:

17974 VILLA CREEK DR TAMPA FL 33647

ARTICLE 4

Purpose

The purpose for which this Corporation is organized is for any and all Lawful purposes, including but not limited to, reasonable business services

ARTICLE 5

Capital Stock

This Corporation is authorized to issue ONE HUNDRED (100) SHARES of One Dollar (1.00) par value common stock.

ARTICLE 6

Preemptive Rights

Every shareholder upon the sale for cash of any new stock of this Corporation of the same kind, class, or series of that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the same price as offered to others.

ARTICLE 7

Initial Registered Office and Agent

The street address of the initial registered office of this Corporation is 6412 ½ Highway 261 South Riverview FL 33569 and the name of the initial registered agent of this Corporation at this address is Lois McClain

ARTICLE 8

Election of Directors

The method of election of directors shall be as stated in the By Laws.

ARTICLE 9

Initial Board of Directors

This Corporation shall have one (1) Directors initially. The number of directors may be increased from time to time by the By Laws, but shall never be less than one (1). The name and the address of the initial director of this Corporation is:

JOSEPH R. MORALES 17974 VILLA CREEK DR TAMPA FL 33647

ARTICLE 10

Incorporator

The name and address of the person signing these articles is:

JOSEPH R. MORALES 17974 VILLA CREEK DR TAMPA FL 33647

ARTICLE 11

Indemnification

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE 12

Amendment

This Corporation reserves the right to amend or appeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, The undersigned incorporator has executed these Articles of Incorporation this 26TH Day of March 2001

JOSEPH R. MORALES

STATE OF FLORIDA COUNT OF HILLSBOROUGH

Before me personally appeared this day, Joseph R. Morales, known to me to be the individual described in and who executed the forgoing Articles of Incorporation and he acknowledged before me that he made, subscribed, and acknowledged the forgoing Articles of Incorporation as his voluntary act and deed, and that the facts set forth therein are true and correct.

Witness my hand and official seal, this 26th day of March 2001

Sworn to and subscribed before me this 26th Day of March 2001

Notary Public, State of Florida

Print, Type, or Stamp Name of Notary

() Personally known to me

Produced identification

Type of identification produced 💆

OFFICIAL NOTARY SEAL
BARBARA A CHAFENS
C COMMISSION NUMBER
C C731675
MY COMMISSION EXPIRES
APR 7 2002

em (hame of notary)

FILED

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

OI MAR 30 AM 9: 20
SECRETARY OF STATE

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 designating the, Registered Office/Registered Agent, in the State of Florida.

- 1. The name of the corporation is: SCLUTION SCURCE PLUS CONSULTING INC
 - 2. The name and address of the registered agent is:

Lois McClain 6412 ½ Hwy 301 South Riverview FL 33569

Having been named as registered agent and to accept service of process for the above state 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 statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

signature

3/26/2001 date