Alman VAPIO	
LAZ RUS CORPORATE FILING SERVICE	
3320 S.W. 87 AVENUE	
MIAMI, FLORIDA (305)552-5973	
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	
OFFICE USE ONLY	
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. $ASOL CONSULTING FNC$. (Corporation Name) (Document #)	
2. (Corporation Name) (Document #) 10004552351—-C	
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(Corporation Name)	_
4. (Corporation Name) (Document #)	i
Walk in Pick up time 2.00 Certified Copy	
Mail out Will wait Photocopy Certificate of Status	
Profit NonProfit NonProfit Limited Liability Domestication Other AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILNGS Annual Report Fictitious Name Name Reservation REGISTRATION QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials	

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: ASOL CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

14602 S.W 172 LANE MIAMI,FL 33177

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any time is:

TEN SHARES @ \$100.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT

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

OMAR HERNANDEZ 14602 S.W 172 LANE MIAMI,FL 33177

ARTICLE V INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation are:

OMAR HERNANDEZ/ (President) 14602 S.W 172 LANE MIAMI,FL 33177

| 10/30/01 | Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I herebylaccept 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 / Registered Agent

Date