

PO1000106673

TRANSMITTAL LETTER

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

SUBJECT: The Solutions Provider, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: Julia Stoddard-Acosta
Name (Printed or typed)

11233 NW 34th Place
Address

Coral Springs, FL 33065
City, State & Zip

954/796-7317
Daytime Telephone number

300004666009--9
-11/05/01--01055--012
*****87.50 *****87.50

2001 NOV -5 PM 3:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

JS
11/5/01

FILED

ARTICLES OF INCORPORATION

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

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ARTICLE I --- NAME

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II --- PRINCIPAL OFFICE

The principal place of business/ mailing address is:
11233 NW 34th Place, Coral Springs, Broward County, FL 33065

ARTICLE III --- PURPOSE

The purpose for which the corporation is organized is: to offer consulting services.

ARTICLE IV --- SHARES

The number of shares of stock is: One Thousand

ARTICLE V --- INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Julia Stoddard-Acosta, President and Secretary, P.O. Box 670212, Coral Springs, FL 33067, USA

Stephen Stoddard, Vice-President, P.O. Box 670212, Coral Springs, FL 33067, USA

Khristin Stoddard, Treasurer, P.O. Box 670212, Coral Springs, FL 33067, USA

ARTICLE VI --- REGISTERED AGENT

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

Julia Stoddard-Acosta, 11233 NW 34th Place, Coral Springs, FL 33065

ARTICLE VII --- INCORPORATOR

The name and address of the Incorporator is:

Julia Stoddard-Acosta, 11233 NW 34th Place, Coral Springs, FL 33065

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.

Julia Stoddard-Acosta
Signature/Registered Agent - JULIA STODDARD-ACOSTA

Oct. 31, 2001
Date 10/31/01

Julia Stoddard-Acosta
Signature/Incorporator - JULIA STODDARD-ACOSTA

Oct. 31, 2001
Date 10/31/01