OFFICE USE 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): (Corporation Name) (Document #) (Corporation Name) Pick up time 2-06 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/JUNE 13 134SS OTHER FILINGS QUALIFICATION Annual Report GEPARTMENT OF Foreign **Fictitious Name** Limited Partnership 3:11 WV 07 030 10 Name Reservation 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 adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

CNW Solutions, Inc.



ARTICLE II - PRINCIPAL OFFICE

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

14923 SW 104st #204 Miami, FL 33196

ARTICLE III - SHARES

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

2000

ARTICLES IV- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eduardo R Torres 14923 SW 104st #204 Miami FL 33196

ARTICLE V- INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Eduardo R Torres 14923 SW 104st #204 Miami FL 33196

The undersigned incorporator has executed these Articles of Incorporation this 19 day of December 2001

Signature

ARTICLE VI-DIRECTOR(S)

Eduardo R Torres----President 14923 SW 104st #204 Miami FL 33196

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 statues related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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SECRETARY OF STATE
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