

**PO000039224**

Florida Department of State  
Division of Corporations  
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From:  
Account Name : ACCOUNTING & BEYOND  
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**FLORIDA PROFIT CORPORATION OR P.A.**  
**SPRINGER'S CREATIVE SOLUTIONS, INC.**

FILED  
2002 APR 10 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

The undersigned incorporator, 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:

SPRINGER'S CREATIVE SOLUTIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

P.O. BOX 340581, TAMPA, FLORIDA 33694

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is (1,000).

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

THERESA SPRINGER  
15508 TIMBERLINE DRIVE  
TAMPA, FLORIDA 33624

**ARTICLE V INCORPORATOR**

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

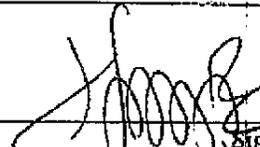
THERESA SPRINGER  
15508 TIMBERLINE DRIVE  
TAMPA, FLORIDA 33624

**ARTICLE V BOARD OF DIRECTORS AND OFFICERS**

The initial Board of Directors shall consist of a total of 1 person(s). The name and address(es) of the person(s) who shall serve as the initial director(s) and officer(s) are:

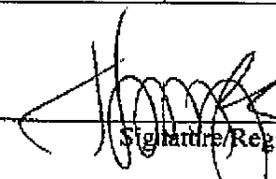
President and Director  
THERESA SPRINGER  
15508 TIMBERLINE DRIVE  
TAMPA, FLORIDA 33624

Secretary and Director  
N/A

  
Signature/Incorporator

4-10-02  
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 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/Registered Agent

4-10-02  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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