TRANSMITTAL LETTER

Department of State **Division of Corporations** P. O. Box 6327

Tallahassee, FL 32314 Fluid Solutions Inc. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Jonathan Shair FROM: Name (Printed or typed) -08/22/02-6649 Somerset Drive apt102 *****78.75 Address Boca Raton Florida 33433 City, State & Zip 561-441-5924

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Fluid Solutions Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6649 Somerset Drive Boca Raton, Florida 33433

ARTICLE ÎII PURPOSE

The purpose for which the corporation is organized is:

Technology, computer consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Jonathan Shair 6649 Somerset Drive Boca Raton, Florida 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jonathan Shair 6649 Somerset Drive Boca Raton, Florida 33433

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

Signature/Registered Agent

Signature/Incorporator

/ <u>/ \ / U / .</u> Date

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