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TRANSMITTAL LETTER

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

SUBJECT: SO	LVICS INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	icles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fce & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	RAMAKRISHNAN SRINIVASAN Name (Printed or typed)		
-	3001 KILLEARN POINT	CT Address	
-	TALLAHASSEE, FL 323	12 , State & Zip	
-	850.878.3058	Telephone number	

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

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:

SOLVICS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3001 KILLEARN POINT CT TALLAHASSEE, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SOFTWARE ARCHITECTURE, DESIGN AND DEVELOPMENT SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

RAMAKRISHNAN SRINIVASAN, PRESIDENT 3001 KILLEARN POINT CT TALLAHASSEE, FL 32312

ARTICLE VI REGISTERED AGENT

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

RAMAKRISHNAN SRINIVASAN 3001 KILLEARN POINT CT TALLAHASSEE, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RAMAKRISHNAN SRINIVASAN 3001 KILLEARN POINT CT TALLAHASSEE, FL 32312

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

K. Snimves	02-17-2003
Signature/Registered Agent	Date
Rannives	02-17-2003
Signature/Incorporator	Date

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