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TRANSMITTAL LETTER

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

SUBJECT: So	lusions, Inc.		
	(PROPOSED CORPORA	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00	\$78.75	□ \$78.75	☑ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy
		` "	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
			`
FROM:	Charles T. H. Dennis III		
	Name (Printed or typed)		
	18150 Heron Walk Dr.		
•	Address		
-	Tompo El 22647		
	Tampa, FL 33647		
	City, State & Zip		
	(813)907-2983		
•	Daytime 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:

Solusions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

18150 Heron Walk Dr. Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To offer consultation nationwide via a network of personal/financial services.

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Charles T. H. Dennis III 18150 Heron Walk Dr. Chairman/CEO

ARTICLE VI REGISTERED AGENT

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

Charles T. H. Dennis III 18150 Heron Walk Dr. Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles T. H. Dennis III 18150 Heron Walk Dr. Tampa, FL 33647

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

4/4/03 Date

Data

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SECRETARY OF STATI
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