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SECRETARY OF STATE DIVISION OF STATE

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TRANSMITTAL LETTER

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

SUBJECT: CATALYST SOLUTIONS, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Englaced is an origin	nal and one(1) copy of the artic			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: MITCH STRIPLING Name (Printed or typed) 3909 RESERVE DR, #1718 Address				
. See -	TALLAHASSE City 850.3	_		

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter

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

ARTICLE I NAME

The name of the corporation shall be:

CATALYST SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3909 RESERVE PRIVE, #1718
TALLAHASSEE, PLORIDA 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CREATE INNOVATIVE SOLUTIONS FOR BUSINESSES AND ORGANIZATIONS THROUGH DESIGN, TECHNOLOGY, AND CULTURE.

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:

MITCH STRIPLING

3909 RESERVE DR, #1718

TALLAHASSEE, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MITTH STRIPLING

3909 RESERVE DR, #1718

TALLAHASSEE FL 32311

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

010.13.03

Date

06.13.03

Date

Signature/Incorporater