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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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DIVISION UF CONFORATION

5-9-8

TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$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 PPY REQUIRED
FROM:		(Printed or typed) TUENS A/2. Address	:
. : - <u></u>	(850) 251-511	323/2 State & Zip	

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: IS SOLUTIONS, INC. <u> ARTICLE II PRINCIPAL OFFICE</u> The principal place of business/mailing address is: 3491 - 11 THOMASURUE RD, TOURMSSEE FL 32309 ARTICLE III PURPOSE The purpose for which the corporation is organized is: SEISVICEZ CONSULTANT ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): RUBERT C.EO 500 NER and the state of t 2965 5. 5, 5, EVENS AL POLLAHOSSET FL 32312 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ROBERT STONER 2965 ST. STEVENS NZ TRILAMISSUE RE 323,2 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ROBERT STONER 2965 ST. STEVENS DR. 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/Incorporator