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Florida Department of State

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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Phone Fax Number

: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

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ARTICLES OF INCORPORATION

04 JAN 23 PM 12: 39

SECRETARY OF STATE ALL AHASSEF FLORIDA

OF

SIMPLE SOLUTIONS.COM, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: SIMPLE SOLUTIONS.COM, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 1057 BEACH AVENUE, ATLANTIC BEACH, FL 32233.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are <u>500</u> shares common stock having an individual par value of <u>\$1,00</u>.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: VICKI T. LOFF, 1057 BEACH AVENUE, ATLANTIC BEACH, FL 32233.

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

PRESIDENT VICKI T. LOFF

1057 BEACH AVENUE ATLANTIC BEACH, FL 32233

ARTICLE VIII

The name and address of the Incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 23RD day of JANUARY, 2004.

Ray Stormont Signing for Empire Corporate Kit of America, Inc.

PO.9 JATOT

FILED 04 JAN 23 PM 12: 39 SECRETARY OF STATE LLAHASSFE FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.