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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MIH SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: **MIH SOLUTIONS, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:
**3030 Starkey Blvd.
New Port Richey, FL 34655**

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:
**Ten-Thousand (10,000) Shares
Common Stock**

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:
**Keith Mazur
3030 Starkey Blvd.
New Port Richey, FL 34655**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
**Keith Mazur
3030 Starkey Blvd.
New Port Richey, FL 34655**

ARTICLE VI OFFICERS

The officers of the corporation are:
**James V. Johnson: President
Edward Mazur, Jr: Secretary
Keith E. Mazur: Treasurer**

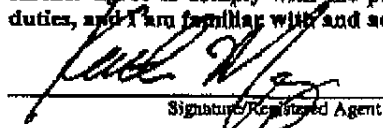
ARTICLE VII DIRECTORS

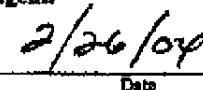
The directors of the corporation are:
**James V. Johnson: Director
Edward Mazur, Jr: Director
Keith E. Mazur: Director
P. Gregory Singleton: Director
Robert Wright, Jr: Director**


Signature/Incorporator


Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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.


Signature/Registered Agent


Date

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