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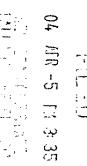
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TRANSMITTAL LETTER

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

SUBJECT:D.R	. Soloman, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an oni	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
—	D		
\$70.00		\$78.75	2 \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: C	David Soloman		
	Name	(Printed or typed)	
	3540 W. Hillsboro Blvd. #	108	
		Address	
	Coconut Creek, FL 33073		
	City	, State & Zip	
	(954) 895-4888		
	Daytime 1	Felenhane 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:

D.R. Soloman, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3540 W. Hillsboro Blvd. #108 Coconut Creek, FL 33073

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Permit & Notary Services

ARTICLE IV

The number of shares of stock is: 1,500

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

David Soloman 3540 W. Hillsboro Blvd #108 Coconut Creek, FL 33073

ARTICLE VI REGISTERED AGENT

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

David Soloman 3540 W. Hillsboro Blvd #108 Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Soloman 3540 W. Hillsboro Blvd #108 Coconut Creek, FL 33073

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