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(Requestor's Name)		
(Address)		
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(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

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

SUBJECT: SOFTWARE ANALYTICAL SOLUTIONS. INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

□ \$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

⊠ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

77. 60.

Name (Primited or types

Address

- CROSSING

PAIN BEACH GARDENS FL 3341

(541) 358-1260
Daytime Telephone 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 The name of the corporation shall be: Software ANalytical Solutions, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 800 VILLAGE SQUARE CROSSING PAIN GEACH GARDENS FL 33410 ARTICLE III _ PURPOSE The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE ARTICLE IV SHARES The number of shares of stock is: 1000 AT PAR VALUE OF \$ 0.01 PER ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): D. ALLISON CURRIE ROBERT A. CURRIE 5788 GOLDEN EAGLE CIRCK BOO VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33410 PRESIDENT ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Robert A. CHERIE CROSING PAIM BEACH GARDENS, FL 33410 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: D. ALLISON CURRIE 5788 GOLDEN EAGLE CIRCLE

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

PAIN BENCH GARDENS FL 33418

Date

5/1/04 Date

Signature/Incorporator