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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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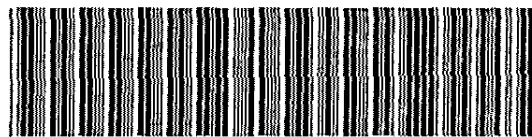
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT:** CORPORATE SOLUTION MANAGEMENT, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** IRINA VEGA  
Name (Printed or typed)

1800 N.W 9TH STREET  
Address

MIAMI, FL 33125  
City, State & Zip

(786 ) 344 7783  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

**CORPORATE SOLUTION MANAGEMENT, INC.**

THE UNDERSIGNED, has executed the following document  
as incorporator of the above name corporation, a corporation organized  
under the laws of the State of Florida, and all rights, duties and obligations  
of the undersigned as incorporate, and those of the corporation, are to be  
determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

**CORPORATE SOLUTION MANAGEMENT, INC.**

ARTICLE II

The address of the corporation shall be:

1800 N.W 9<sup>TH</sup> Street, Miami, Fl 33125

### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do viz:

1. Transact any and all lawful business.
2. Said corporation shall further have powers:.

To have perpetual succession by its corporate name:

**CORPORATE SOLUTION MANAGEMENT, INC.**

### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$100.00.

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.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident agent of this corporation shall be:


**IRINA VEGA  
1800 N.W 9<sup>TH</sup> STREET  
MIAMI, FL 33125**

The Principal office shall be:

**1800 N.W 9<sup>TH</sup> STREET  
MIAMI, FL 33125**

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director is:

  
**IRINA VEGA  
1800 N.W 9<sup>TH</sup> STREET  
MIAMI, FL 33125**

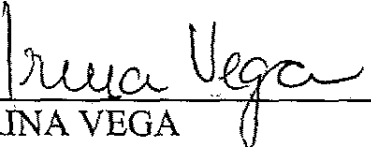
**PRESIDENT**

ARTICLE VII  
Incorporator

The name and address of the incorporator is executing these Articles of  
incorporation is:

**IRINA VEGA**  
**1800 N.W 9<sup>TH</sup> STREET**  
**MIAMI, FL 33125**

IN WITNESS WHEREOF, The Undersigned incorporator has (ve ) executed  
these Articles of incorporation this 30 AUGUST, 2004.

  
IRINA VEGA

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the States of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation is:

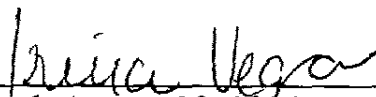
**CORPORATE SOLUTION MANAGEMENT, INC.**

2. The name and Address of the registered agent and office is:

**IRINA VEGA  
1800 N.W 9<sup>TH</sup> STREET  
MIAMI, FL 33125**

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 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



Dated: August 30, 2004

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TALLAHASSEE, FLORIDA