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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

owl solutions, inc

Certificate of Status	0
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09-24-04
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③

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of the corporation
OWL SOLUTIONS, INC.
ARTICLE II PRINCIPAL OFFICE

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TALLAHASSEE FLORIDA

676 WEST PROSPECT ROAD
FT. LAUDERDALE, FL 33309
ARTICLE III CAPITAL STOCK

500 SHARES @ \$1.00 PAR VALUE

The name and address of the registered agent is (are)

SARRINA LEVINE
676 WEST PROSPECT ROAD
FT. LAUDERDALE, FL 33309

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

SABRINA LEVINE
676 WEST PROSPECT ROAD
FT. LAUDERDALE, FL 33309

The undersigned has (have) executed these Articles of Incorporation this 24TH day of SEPTEMBER, 2004. / /

DISEASE

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State 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:
OWL SOLUTIONS, INC.
2. The name and address of the registered agent and office is:

SABRINA LEVINE
676 WEST PROSPECT ROAD
FT. LAUDERDALE, FL 33309

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ALABAMA STATE
TALLAHASSEE, FLORIDA

SIGNATURE 
(corporate officer)
TITLE 
DATE 9/24/09

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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 
DATE 9/24/09

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