

POS000034378

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000052861 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

counter

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.

PS SOLUTIONS, CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR -7 AM 8:30

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 7, 2005

FAS-T CORP. AGENTS, INC.

SUBJECT: PS SOLUTIONS, CORP
REF: W05000011554

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the corporation's principal office and/or a mailing address in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Document Specialist
New Filings Section

FAX Aud. #: H05000052861
Letter Number: 905A00015513

ARTICLES OF INCORPORATION
OF
PS SOLUTIONS, CORP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR -7 AM 8:30

FILED

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

ARTICLE I NAME

The name of the corporation shall be: PS SOLUTIONS, CORP

5950 LAKAWOOD ST DR.
Ste 169
Orlando, FL 32819

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 10000 shares at \$5.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Priscila Stoliar - Director President
926 Spring Park Loop,
Celebration, FL 34747

ARTICLE VI SHAREHOLDERS

The name(s) and street address(es) of the shareholder(s), if any, is(are):

Priscila Stoliar 40% of shares
926 Spring Park Loop
Celebration, FL 34747

TV Alphaville Sistema de Televisao por Assinatura LTDA.
Ave Yoshiro Takaoka N3100, 60% of shares
Santana de Parnaiba, SP 06500-000, Brazil

ARTICLE VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Priscila Stoliar
926 Spring Park Loop
Celebration, FL 34747

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1st day of March, 2005.

Signature(s) of incorporator(s)



Priscila Stoliar / P/ Incorporator

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: PS SOLUTIONS, CORP
2. The name and address of the registered agent and office is:
CAROLINE LARSON
(NAME)
5950 LAKEHURST DR STE 246
(P.O. BOX NOT ACCEPTABLE)
ORLANDO, FLORIDA 32819
(CITY/STATE/ZIP)

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 Caroline Larson
CAROLINE LARSON / RA

DATE 03/01/05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 MAR -7 AM 0:30

FILED