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'CAPITAL CONNECTION, INC.

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Will Pick Up

Walk-In

| iWeb Solutions, Inc. | |
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| | Art of Inc. File |
| | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | Fictitious Name File |
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| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement Cert. Copy |
| | Cert. Copy |
| | Photo Copy |
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Courier



ARTICLE I

NAME

Signature/Incorporator

ARTICLES OF INCORPORATION

OF

iWEB SOLUTIONS, INC.

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

| The name of the corporation shall be: iWEB SOLUTIONS, INC | |
|--|--|
| ARTICLE II - PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 4699 N. State Road 7, Suite F, Tamarac, Florida 33319 | |
| ARTICLE III - SHARES The number of shares of stock that this corporation is authorized to have outstanding at an one hundred (100) of no par value. | y one time is: |
| ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS | |
| The name and Florida street address of the initial registered agent are: Stacy Alan G 4699 N. State Road 7, #F, Tamarac, Florida 33319 | lilmore at |
| ARTICLE V - INCORPORATOR | |
| The <u>name and address</u> of the incorporator of these Articles of Incorporation are: Stacy Alan Gilmore at 45 Willoway, Stouffville, Ontario, Canada L4A-1K6 | |
| ARTICLE VI - DIRECTORS The corporation shall have two (2) directors, and the initial directors shall be: | 55 E. S. |
| Stacy Alan Gilmore at 45 Willoway, Stouffville, Ontario, Canada L4A-1K6 and Debra Susan Gilmore at 45 Willoway, Stouffville, Ontario, Canada L4A-1K6 | |
| Sta State - 3halos | ूर्व स |

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.

Date

Signature/Registered Agent Date