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SECRETARY OF STATE
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TRANSMITTAL LETTER

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

ивјест: Те	am Operation	SOLUTION ATE NAME - MUST INCL	3 Inc.
inclosed are an orig \$70.00 Filing Fee	inal and one (1) copy of the at \$78.75 Filing Fee	rticles of incorporation and \$78.75 Filling Fee	a check for: \$87.50 Filing Fee,
J	& Certificate of Status	& Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	

FROM: Bernard Mach Onald
Name (Printed or typed)

658 Charrice Place
Address

Sanford FL 32771

City, State & Zip

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 NAME

The name of the corporation shall be:

Team Operation Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

658 Charrice Place Sanford, FL 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transact any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President and Treasure Bernard MacDonald 658 Charrice Place Sanford, FL 32771

Vice President and Secretary

Sherry MacDonald 658 Charrice Place Sanford, FL 32771

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Bernard MacDonald 658 Charrice Place

Sanford, FL 32771

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ARTICLE VII INCORPORATOR

The incorporator is:

Bernard MacDonald 658 Charrice Place Sanford, FL 32771

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

05 18 05 Date

Signature/ Incorporator