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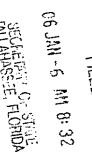
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instituctions to Filing Officer.			

Office Use Only



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COVER LETTER

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

SUBJECT:	DLR Solution	ons, 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	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	David Rice Name			
Name (Printed or typed)				
	1749 San	Bernardino	Way	
Address				
	Naples FL	34109		
	Naples FL 34109 City, State & Zip			
239-596-4702				
239-596-4702 Daytime Telephone number				

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

ARTICLES OF INCORPORATION	FILED
In compliance with Chapter 607 and/or Chapter 62	1, F.S. (Profit)
ARTICLE I NAME	06 JAN -6 AM 8: 32
The name of the corporation shall be: $\sum \mathcal{L} \mathcal{R}$	Solutions, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	1749 San Bernardino Way
	Naples, FL 34109
	70 april 3, 1 = 3 · ·
The purpose for which the corporation is organized	lis: E-commerce
ARTICLE IV SHARES The number of shares of stock is:	no par value
ARTICLE V INITIAL OFFICERS AND/C List name(s), address(es) and specific title(s): President and Director: De	
Vice-President and Director Secretary and Treasurer: ARTICLE VI REGISTERED AGENT	Laura J. Rice 1749 San Bernardino Way Naples FL 3410
The name and Florida street address (P.O. Box No.	
•	19 San Bernardino Way
\sim α	Ples FL 34109
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
	9 San Bernardino Way
	Ples. FL 34109
*********************	******************
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment as	process for the above stated corporation at the place designated in this registered agent and agree to act in this capacity
Anid ORin	1/4/04
Signature/Registered Agent	Date
Dol ORice	1/4/06 Date
Signature/Incorporator	Date