

PO6000088336

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

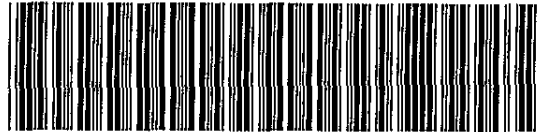
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/20/06--01050--018 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 15 AM 10:25

FILED

J. Stephens MAR 16 2006

Wole 8975
2/20/06

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

SUBJECT: PHI CUBED, INC.

Enclosed are the original and one (1) copy of the Articles of Incorporation and a check for \$ 87.50 to cover the following fees:

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy	\$ 8.75
Certificate of Status	\$ 8.75
Total	<u>\$87.50</u>

From: PHI CUBED, INC.
21447 NW 39th Avenue
Miami, Florida 33055



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

3D SOLUTION, INC.
21447 NW 39 AVENUE
MIAMI, FL 33055

SUBJECT: 3D SOLUTION, INC.
Ref. Number: W06000008975

We have received your document for 3D SOLUTION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 106A00012681

**ARTICLES OF INCORPORATION
PHI CUBED, INC.**

ARTICLE I - NAME

The name of this corporation is PHI CUBED, INC.

ARTICLE II – PRINCIPAL OFFICE

The principal mailing address and place of business initially shall be 21447 NW 39th Avenue, Miami, FL 33055

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - SHARES

This corporation is authorized to issue Twenty Thousand shares of One and 10/100 (\$1.00) Dollar par value common stock.

ARTICLE V - INITIAL OFFICERS AND BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may either increase or diminish from time to time by the by-laws, but shall never be less than one (1). The initial director of this corporation is Hector L. Camps of 21447 NW 39th Avenue Miami, Fl. 33055.

ARTICLE VI - REGISTERED OFFICE AND AGENT

The name of the initial Registered Agent of this corporation is Hector L. Camps whose address is 21447 NW 39th Avenue, Miami, Fl. 33055.

ARTICLE VII – INCORPORATOR

The name of the Incorporator is:
Hector L. Camps of 21447 NW 39th Avenue, Miami, Fl. 33055.

FILED
MAR 15 AM 10:25
SECRETARY
TALLAHASSEE, FLORIDA

ARTICLE VIII - BEGINNING OF CORPORATE EXISTENCE

This corporation shall begin its corporate existence on the day these articles are filed with the State of Florida, Secretary of State.

ARTICLE IX - BY-LAWS

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the shareholders.

IN WITNESS WHEREOF, the undersigned incorporated have executed these Articles of incorporation, this March 10, 2006.

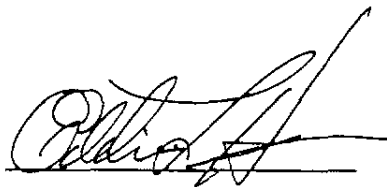


Hector L. Camps

STATE OF FLORIDA)
) ss.
COUNTY OF DADE)

BEFORE ME, the undersigned Notary Public, personally appeared Hector L. Camps known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami, Dade County, Florida, this March 10, 2006.



Notary Public

State of Florida, at Large



EDILIA L. HERNANDEZ
MY COMMISSION # DD 464690
EXPIRES: October 30, 2009
Bonded Thru Budget Notary Services

**CERTIFICATE DESIGNATING THE ADDRESS AND AN AGENT UPON WHOM
PROCESS MAY BE SERVED**

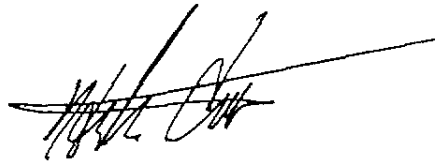
WITNESSETH:

That PHI CUBED, INC. desiring to organize under the laws of the State of Florida, which will have its principal office in the State of Florida, County of Dade, named Hector L. Camps of 21447 NW 39th Avenue, Miami, Fl. 33055 as its agent to accept service of process within the State.

ACKNOWLEDGEMENT:

Having been named by the first Board of Directors of PHI CUBED, Inc. to accept service of process for the above stated corporation, at the place designated in this certificate. I hereby agree to act in the capacity of Registered Agent for said Corporation and agree to comply with the applicable provisions of the Florida Statutes.

March 10, 2006



Hector L. Camps
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 15 AM 10:25

FILED