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COVER LETTER

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

SUBJECT:	Ever	Ready	y Management Solutions, Inc	
		(PR	OPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)	

Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
FROM: G	regory O. Hamilton	Printed or typed)				
PO Box 670954 Address						
Coral Springs, Florida 33067 City, State & Zip						
9	954-825-1464 Daytime To	elephone 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)

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FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Ever Ready Management Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5447 Pine Circle, Coral Springs, Florida 33067

Mailing address: PO Box 670954 Coral Springs, Florida 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Managment Services

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gregory O. Hamilton 5447 Pine Circle, Coral Springs, Florida 33067

Manager

Tamar Hamilton

5447 Pine Circle, Coral Springs, Florida 33067

Manager

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Gregory O. Hamilton

5447 Pine Circle, Coral Springs, Florida 33067

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Gregory O. Hamilton

5447 Pine Circle. Coral Springs, Florida 33067