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COVER LETTER

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

SUBJECT: ABSOLITE POAle STATE SOLUTION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 PY REQUIRED

FROM:	ABSOLUTE REALESTATE Name (Printed or typed)	Solution In
_	11695 Swscta	_
_	Ocala (City, State & Zip	
	305-305-6900 Daytime Telephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
The name of the corporation shall be: ABS OLUTE REPLESTATE SOLUTION THE SECRETARY OF STATE TALLAHASSEE, FLORIDA
HASSOLUTE REALESTARE SECRETARY OF STALL
TOTAL TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
1/695 SW 56 to OcalA FI 34476
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Realestate
ARTICLE IV SHARES
The number of shares of stock is:
100
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
Mery & Phees UP
JUANT, Plones PR.
ADDICA DAVI DECICOURDED ACESTO
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Juan J. Flores
ARTICLE VII INCORPORATOR DCALA, FL 34476
The name and address of the Incorporator is:
JUAN J.FloRes
11695 Sw JC+, OCALA, FL 34476

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/far cilia e with and accept the appointment as registered agent and agree to act in this capacity
Signature Registered Agent Date 9-7-07
Signature Registered Agent Date
Signature Incorporator Date

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)