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(Re	equestor's Name)			
(Ad	ldress)	***		
(Ad	Idress)			
V	,			
		-		
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name	в)		
(Dr	cument Number)			
,	iodinent i vamber,			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer			
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COVER LETTER

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

SUBJECT:	The Effortles	is Solution	, Inc.		
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an or	riginal and one (1) copy of the art	icles 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	& Certificate of Status		
FROM: _	Diane Murra	/			
	Name	e (Printed or typed)			
	6538 W Hanne	a Ave			
_		Address			
_	Tampa, FL	33634			
	City,	State & Zip			
	813 500 1	899			
	Daytime 1	elephone number	. 1		
_	The Effortle	ss Solution	@ gmail, com		
	E-mail address: (to be use	d for future annual report	notification)		

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 NA The name of the corpora	ME ation shall be: The Effor	tless Solution	, Inc.
65	INCIPAL OFFICE Principal street address 38 W Hanna Ave mpa, FL 33634	Mailing address, if	different is:
ARTICLE III PUI	RPOSE	بدندار مدام مام	- services
The purpose for which	RPOSE the corporation is organized is:	ICE CONSULTING	FIL SECRETAR STALLANGE
ARTICLE IV SH The number of shares o	ARES f stock is: \OO		
Name and Title: Address:	TIAL OFFICERS AND/OR DIRECTORS Diane Murray, President 5538 W Hanna Avenue Tampa, FL 33634	Name and Title:	PS # D
Name and Title:_Address:		Name and Title: Address:	
Name and Title:_ Address:			
	street address (P.O. Box NOT acceptable) of the Diane Murray 6538 W Hannal Ave Tampa, FL 33634	he registered agent is:	
The name and address Name: Address:	corporator sof the Incorporator is: Diane Murray 538 W Hanna Aye Tampa, FL 33634	<u>.</u>	
	s registered agent to accept service of process miliar with and accept the appointment as regis		
Diane .	Required Signature/Registrated Agent		Date
	it and affirm that the facts stated herein are i tment of State constitutes a third degree felony		formation submitted in a
	Required Signature/Incomporator		10/30/11

*