6/12/95 FLORIDA DIVISION OF CORPORATIONS 9:21 AM PUBLIC ACCESS SYSTEM (((H95000006523))) ELECTRONIC FILING COVER SHEET TO: DIVISION OF CORPORATIONS FROM: FAS-T CORP. AGENTS, INC. DEPARTMENT OF STATE 8405 NW 53RD ST STATE OF FLORIDA 409 EAST GAINES STREET SUITE C-100 INC. FL 33135~ MIAMI FL 33166-TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ FAX: (904) 922-4000 FHONE: (305) 599-0639 FAX: (305) 592-9591 (((H95000006523))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: O SOLUTIONS INCORPORATED FAX AUDIT NUMBER: H95000006523 C'IRRENT STATUS: REQUESTED DATE REQUESTED: 06/12/1995 TIME REQUESTED: 09:20:54 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: Q NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 071001002335 Note: Ple-se print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

** ENTER 'M' FOR MENU. ** FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC PROCESSING MENU

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FAS-T CORPORATE AGENTS (3)
FROM H ELVIRA CONZALEZ 305 825 8332

(305) ³592-9591

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SECRETARI LE STATE
TALLAMASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned, acting as Incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of incorporation:

ARTICLE I - NAME

The name of the corporation is iQ Solutions Incorporated

ARTICLE II - DURATION

The period of its duration is perpetual.

ARTICLE IIY - PURPOSE

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorised to issue at any one time is Five Hundred (500) shares, all of one class, at One Dollar \$ 1.00 par value per share. All shares are to be owned by Fabian Bello.

ARTICLE V - INITIAL REGISTERED OFFICE & AGENT

The name and address of the initial registered agent and principal office of this corporation is Fabian Bello residing at 4130 West 19th Avenue Hialeah, Fl 33012.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 director(s) initially. The number of director(s) may be either increased or decreased from time to time by an amendment of the bylaws of this corporation in the manner provided by law, but shall never be less than one (1).
The name and address of the initial director(s) of this corporation is (are):
Fablan Bello at 4130 West 19th Avenue Hialeah, FL 33012.
Telephone 305-819-9116.

Fabran Bulo

Prepared By: Maria Elvira Gonzalez & Associates, Inc. 935 West 49th Street Suite 107 Hialeah, FL 33012 Telephone: (305) 825-392

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ARTICLE VII - BYLAWS

The bylaws of this corporation may be adopted, altered, amended or repealed by either the Stockholders or Directors.

ARTICLE VIII - INCORPORATION

The name and address of the Incorporator(s) signing these Articles of Incorporation is (are):

Name

Address

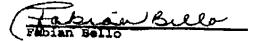
Pabian Bello

4130 West 19th Avenue Hialeah, FL 33012

ARTICLE IX - AMENDMENT OF ARTICLES

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the Shareholders is subject to this reservation.

In WITNESS WHEREOF, the undersigned Incorporator(s) have executed these Articles of Incorporation this 10th day of June A.D., 1995.



ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN ARTICLE V OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED CORPORATION HERBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF ITS DUTIES.

DATED this 10th day of June, 1995.

(Fabrain Bull.

Prepared By: Maria Elvira Gonzalez & Associates, Inc. 935 West 49th Street Suite 107 Hialeah, FL 33012 Telephone: (305) 825-3924

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STATE OF FLORIDA

COUNTY OF DADE

I, the undersigned authority, hereby certify that the foregoing is a true and correct copy of an instrument presented to me by Fabian Bello as the original of such instrument.

WITNESS my hand and official seal, this 10th day of June A.D., 1995.

NOTARY PUBLIC,

MY COMMISSION EXPIRES: NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES, July 12, 1995.
RONDED THE HOLD NOTARY PUBLIC CHEEVESTIME.

95 JUN 12 PHI2: ယ

Prepared By:
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Hialeah, FL 33012
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