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

bear Division of Corporations:

Enclosed please find Articles of Incorporation for Bug Solution, Inc. along with a check in the amount of \$70.00 for filing fee and designation of registered agent.

Also enclosed is a photocopy of the articles. Please return this to me with the filing date stamped on it.

Thank you,

Ira Lewis

Dra Lewis

# ARTICLES OF INCORPORATION

13 DE COUNTION TNO		: 1
13 UG SOLUTION, INC	oration)	11 11 11 0: 14
The undersigned subscriber(s) to these Articles of Incorporation corporation under the laws of the State of Florida.		
ARTICLE 1 - CORPO	DRATE NAME	·
The name of the corporation is: BUG SOLUTION	, Inc.	
ARTICLE II - D	<i>URATION</i>	
This corporation shall exist perpetually unless dissolved account		
ARTICLE III - I		
The corporation is organized for the purpose of engaging in an United States and the State of Florida.	ny activities or business permi	itted under the laws of the
ARTICLE IV - CAP		0 15
The corporation is authorized to issue Five HUNDRED	shares ( 500 ) of _	ONE
Dollar(s) (\$ /. OO) par value Common Stoc	k, which shall be designated	I "Common Shares."
ARTICLE V - INITIAL REGISTEI		
The street address of the Initial Registered Agent office and the	e name of the Initial Registe	red Agent at that office is:
NAME IRA LEWIS		
ADDRESS 1859 N. PINE ISLAND ROAT	D #104	
CHY PLANTATION	FLORIDA	zn: 333スス
The principal office, if known, or the mailing adress of the	corporation is:	
NAME BUG SOLUTION, INC.		
ADDRESS 1859 N. PINE ISLAND ROAD	# 104	
CITY PLANTATION	FLORIDA	Nii 3335か
ARTICLE VI - INITIAL BOA	ARD OF DIRECTORS	
This corporation shall have Two (2 ) dincreased or diminished from time to time by the By-Laws, by addresses of the initial director(s) of the corporation are as	out shall never be less than	of directors may be either one (1). The names and
NAME IRA LEWIS		
ADDRESS 10210 NW 24 STREET		,
CTIY SUNRISE	STATE FL.	zir 33322
NAME BARBARA LEWIS		
ADDRESS 10210 N.W. 24 STREET		
CITY SUNRISE	STATE FL.	zir 33322
NAME		
ADDRESS		
CITY	<u>STATE</u>	ZIP SEMINOLE-MIAMI 012593

## ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME I-RA LEWIS	MAIN A - 1	
ADDRESS 162 10 NW 24 STREET		
CHY DUNKISE	SIATE FL	ZIP 333.7.2-
NAME BARBARA LEWIS		······································
ADDRESS 10210 NW 24th STREET		<u></u>
CHY SUNRISE	STATE FL	ZIP 333スユ
NAMI!	• • • • • • • • • • • • • • • • • • •	<u></u>
ADDRESS		
СПУ	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriber day of <u>September</u> , 19 <u>95</u> .	(s) have executed these Articles of	Incorporation this <u>6</u>
	Dra Lewis	(Scal)
<del></del>	$\underline{j}$	(Scal)
		(Seal)

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

OF KEGISTEKED ACTION		1	
CERTIFICATE OF REGISTERED AGENT	93 Sec. 14	All 0: 11:	
OF	$E^{i}$		
		••1	
BUG SOLUTION, INC.		ne de communicación de la composição de la	
 (name of corporation)			

Pursuant to Florida Statutes Sections & .091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 185	9 N.	PINE ISLA	ND ROAD	# 104	
PLA	NTATION	FLORIDA	3336	22-	•
has named	TRA	LEWIS			
located at the	aforesaid add	ress, as its Registe	red Agent to a	accept service of proc	ess
within this sta	te.				

### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Dra Lewis
(registered agent)