P960000575758 TRANSMITTAL LETTER

SEFFBIO TH 3: 29 TALEMASSIE A LONIDA

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

SUBJECT: (Proposed corporate) name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50]\$131.25 Filing Foo Filing Foo Filing Fee, Certified Copy Filing Fee & Certified Copy & Certificate & Certificate **Additional Copy Required** Name (printed or typed) FROM: Callins Avenue, #PH6 City, State & Zip

> 000001718600 -02/20/96--01029--003 *****78.75 *****78.75

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

Daytime Telephone number

532-2452

ARTICLES OF INCORPORATION

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TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Chipaway Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3720 Collins Avenue, #PH6 Miami Beach FL 33140

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Della Stringer-Lester 3720 Collins Avenue, #PHG Miami Beach FL 33140

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Della Stringer-Lester 3720 Collins Avenue, #PH6 Miami Beach FL 33140

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of February, 19 910.

Della Struga Leature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607,0501, FLORIDA, STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATISHOPA FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: Chipauxy Solutions Toc.
2.	The name and address of the registered agent and office is:
	Della Stringer-Lester
	3720 Collins Avenue, #PH6 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the citygations of my position as registered agent.

DO Struct-Late a) 15/96
(SIGNATURE)