

DIVERSIFIED BUSINESS & TAX SERVICES, INC.

P96000079734

7600 W LAKE MARY BLVD
LAKE MARY, FL 32746

Phone 407-321-1912
Fax 407-321-7366

September 16, 1996

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: SOMATIC SOLUTIONS, INC.

Dear Sir:

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

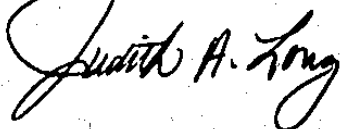
\$78.75 for Filing Fee and Certificate

FROM: SOMATIC SOLUTIONS, INC.
MICHAEL ROBINS
341 N MAITLAND AVE.
MAITLAND, FL 32751
(407) 539-6550

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Sincerely,



JUDITH A LONG

m SEP 26 1996

ARTICLES OF INCORPORATION

THGE UNDERSIGNED INCORPORATORS, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SOMATIC SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

341 N Maitland Ave
Maitland, FL 32751

ARTICLE III

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET

ADDRESS

The name and address of the initial registered agent is:

Michael Robins
341 N Maitland Ave #285
Maitland, FL 32751

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TALLAHASSEE, FLORIDA

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ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

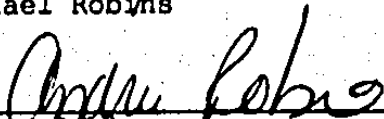
Michael Robins
341 N Maitland Ave #285
Maitland, FL 32751

Andrea Robins
341 N Maitland Ave #285
Maitland, FL 32751

The undersigned incorporators have executed these Articles of Incorporation this 17th day of September, 1996.



Michael Robins



Andrea Robins

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
REGISTERED OFFICE

1. The name of the corporation is: SOMATIC SOLUTIONS, INC.
2. The name and address of the registered agent and officer is:

Michael Robins
341 N Maitland Ave #285
Maitland, FL 32751

Having been named as registered agent and to accept service of process for the above state 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 obligations of my position as registered agent.

Michael Robins
SIGNATURE

9-17-96
DATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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