

**TRANSMITTAL LETTER**  
**99600099280**

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

600002021946--9  
-12/06/96--01033--018  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: SOLIPSIS RESEARCH CORPORATION  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM:

JAMES HARTE  
Name (printed or typed)

2629 TABER CT  
Address

ORLANDO FL 32837  
City, State & Zip

(407) 830-5522 x375  
Daytime Telephone Number

**FILED**  
96 DEC -6 PM 2:43  
SASE. INCLUDED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

 12/6

PHOTOCOPY


December 2, 1996

## Articles of Incorporation

1. The name of the corporation shall be:  
**Solipsis Research Corporation**
2. The principal place of business and mailing address of the corporation is:  
**9523 Dubois Blvd.  
Orlando, Florida 32825**
3. The corporation shall have the authority to issue 1,000,000 shares of stock.
4. The registered agent of the corporation is **Doug Anderson** and the registered street address is **9523 Dubois Blvd., Orlando, Florida 32825**
5. The initial board of directors shall have 2 members whose names and addresses are as follows:

<b>Doug Anderson</b>	<b>9523 Dubois Blvd.</b>	<b>Orlando, Florida 32825</b>
<b>James Harte</b>	<b>2629 Taber Court</b>	<b>Orlando, Florida 32837</b>
6. The incorporator of this corporation is **James Harte** whose street address is **2629 Taber Court, Orlando, Florida 32837**.

Dated 12/2/96

  
\_\_\_\_\_  
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 12/2/96

  
\_\_\_\_\_  
Registered Agent

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FLORIDA