VENKA Requ 15449 TAMP City/State/Z	Address A H 3369 ip Phone #	i buu	0020891168 -02/17/9701040013 ****122.50 conly
1	SOFTAT ration Name)	(Document #)	97.
3. (Corpo	ration Name) ration Name)	(Document #) (Document #)	MAR -3 PH 3: 27 AHASSEE, FLORID,
	Pick up time Will wait Photo	Certified Copy Copy Certificate of S	
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name Name Reservation	AMENDMENTS Amendment Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger REGISTRATION OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	ent Old	2/3/cg/ PRZ Jack

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 20, 1997

VENKATA S. BOYANAPALLI 15449 PLANTATION OAKS DR #5 TAMPA, FL 33647

SUBJECT: PROSOFT INC Ref. Number: W97000004144

SOLUTIONS

Letter Number: 497A00009114

We have received your document for PROSOFT/INC and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hail Document Specialist

ARTICLES OF INCORPORATION

FILED

97 MAR -3 PM 3: 27

SECRETARY OF STATE ALLAHASSEE FLORIDA

TAUL AHASSEL, FLUNN 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.

ARTICLEI NAME

The name of the corporation shall be:

PROSOFT Solutions Inc

ARTICLE II PRINCIPAL OFFICE

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

15449 Plantation OAKS DR

Tampa, FL 33647

SHARES ARTICLE III

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

100 Shaves of \$1 each.

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

> Venkata S. BoyanaPalli 15449 Plantation OAKS Dr #5 Tampa, F1 33647.

INCORPORATOR(S) **ARTICLE V**

See instructions for officers/directors

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

Venkata S. Boyanafalli 15449 Plantztion OAKS BY #5 Tamla, F133647

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13 day of February, 1997. Signature Signature

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

CERTIFICATE OF DESIGNATION OF FILED REGISTERED AGENT/REGISTERED OFFICE

97 HAR -3 PM 3: 27

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES OF STATE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	PROSOT'I	Solutions In
2. The name and address of the registere	ed agent and office is:	
<u>Venka</u>	ta S. BoyanaPa	<u>L</u> ui
	9 Plantation OAK Mail Drop Box NOTACCEPTABLE)	
	(CITY)STATE(ZIP)	
Having been named as registered age corporation at the place designated in the agent and agree to act in this capacity, relating to the proper and complete perfoobligations of my position as registered	nt and to accept service of process his certificate, I hereby accept the app I further agree to comply with the pro formance of my duties, and I am famili	for the above stated ointment as registered ovisions of all statutes
Venle Jean (SIGNATURE)	2 H	18/97

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314