CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (904) 224 (670) • 1890-342-8062 • Fax (904) 222-1222

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Art of Inc. File_

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LTD Partnership File_
Foreign Corp. File____

Fictitious Name File_

Name Reservation

Merger File

Solutions, Inc.

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	Driving Record
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Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 16, 1997

CAPITAL CONNECTION INC P.O. BOX 10349 TALLAHASSEE, FL 32302

SUBJECT: SOFTWARE SOLUTIONS, INC.

Ref. Number: W97000011434

We have received your document for SOFTWARE SOLUTIONS, 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 entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

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

If you have any questions concerning the filing of your document, please call (904) 487-6934.

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Loria Poole Corporate Specialist

Letter Number: 397A00026410

ARTICLES OF INCORPORATION

of

SOFTWARE SOLUTIONS INTL., INC.

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FIRST:

The name of the Corporation shall be SOFTWARE SOLUTIONS INTL., INC. The principal mailing address of the corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:0

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The registered agent for the corporation shall be:

STANLEY A. GOLDSMITH 1605 Main Street, Suite 1001 Sarasota, Florida 34236

SIXTH:

To the incorporator of SOFTWARE SOLUTIONS INTL., INC.:

I understand my obligations as your Registered Agent and hereby accept appointment as your

Registered Agent in accordance with F.S. 48.091.

SEVENTH:

The initial Board of Directors of the corporation shall consist of TWO (2) members:

GIL A. ADORNO 10239 Silverado Circle Bradenton, FL 34202 WANDA I. OLIVO 10239 Silverado Circle Bradenton, FL 34202

EIGHTH:

The incorporator of SOFTWARE SOLUTIONS INTL., INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:

STANDENA. GOLDSMITH
1605 Main Street, Suite 1001
Sarasota, Florida 34236

	Sarasota, Florid	
STATE OF FLORIDA COUNTY OF SARASO	,	DLUTIONS INTL, INC., were acknowledged before me this 'H as registered agent. He is personally known to me and did
not take an oath. If no	1997, by STANLEY A. GOLDSMIT type of identification is indicated, the above-na	H as registered agent. He is personally known to me and did
		andrec Bailey
ANDREA BAILEY My Commission CC298491 Expires Jul. 17, 1997 Bonded by ANB 800-852-5878	Les Commission CO25045	Signature of Notary Public
	Expires Jul. 17, 1997 Bonded by ANB	Print Name of Notary Public
	I am a Notary Public of the State of	
	expires on, and my commission	
The foregoi day of Ma produced with named person is person	as identification and did not ta	OLUTIONS INTL., INC., were acknowledged before me this ITH, as incorporator. He is personally known to me or has ake an oath. If no type of identification is indicated, the above-
		Print Name of Notary Public
OLANIA OLA	ANDREA BAILEY My Cermilleon OCE98491 Expires Jul. 17, 1997 Bonded by ANB 800-852-5878	I am a Notary Public of the State of St
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