# P97000064452

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

TDEAS AND Solutions Inc.
(Proposed corporate name - must include suffix) SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$122.50 \$131.25 **57**0.00 \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: NANCY OSS
/Name (Printed or typed) 9739 MARLINTON LANE PORT Richey FL. 34668

City, State & Zip

(813) 868-1588

Daytime Telephone number

ORDA

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

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### ARTICLES OF INCORPORATION

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

ARTICLE I_	NAME	
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The name of the corporation shall be:

IDEAS AND SOLUTIONS INC.

## ARTICLE II PRINCIPAL OFFICE

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

9739 MARLINTON LANE PORT Richey, Fl. 34668

# ARTICLE III SHARES

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

I SHARE AT NO PAR VALUE

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

NANCY OSS 9739 MARLINTON LANE PORT RICHEY FL. 34668

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

NANCY OSS 9739 MARLINTON LANE PORT RICHEY, Fl. 34668

Many Ost 7/21/97
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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 obligations of my position as registered agent

May Signature/Registered Agent

Data