P97000076437

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

SUBJECT:	UN 1: m Ted (Proposed Co	Software Sol	ut, ons In	<u>.</u> ,
		2	00002282 -09/02/97 ******78.50	20623 01040009) *****78.58
Enclosed is an original	and one(1) copy of the article	s of incorporation and a c	check for:	_
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED	
FROM: _	Alan Bana	n Kraemer Printed or typed)		_
	6513 Sol, TA	IRE PAIN W. Address	-	SECRETE DIVISION O
	Apollo BEACH	,	7.	FILED STAPOR
		-6/18 Telephone number		TATE NS

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

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

The name of the corporation shall be:

Unlimited Software Solutions INC.

ARTICLE II PRINCIPAL OFFICE

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

1. pallo Beach, Flor. Da 33572

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1 (ONE)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Alan B. KRAEMER 6513 SoliTaire Polm Way Apollo BEACH FL. 33572

ARTICLE V INCORPORATOR

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

ALAN B KRAEMER Apolic BEACH FL 33572

Alien B Reviner 8/27/199

Signature/Incorporator

(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

Win B Province Signature/Registered Agent