P980000 16590

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	500002435065\$ -02/19/9801040009 *****78.75 ******78.75
	ame - must include suffix)
	py of the articles of incorporation and archeck
for: \$70.00 \$78.75 Filing Fee Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required
FROM: Farza	neh Jabberi (printed or typed)
<u>9313 M</u>	lesley Core CT. Address
Jacks	onville, FL. 32257 y, State & Zip
904-4	48-8647

F. CHESSER FEB 2 0 1998

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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.

ARTICLE II NAME

NEWTON SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

987 EB

988 EB

998 TE

100 B

987 EB

988 EB

998 TE

100 B

988 EB

998 TE

100 B

100 B

988 EB

998 TE

100 B

100

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 0,000

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

Farzaneh Jabberi 9313 Wesley Cove CT. Jacksonville, Fl. 32257

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Farzaneh Jabberi- Director 9313 Wesley Cove Ct. Jackson ville, Fl. 32257

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE 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:	NEWTON Solutions,	INC.
9313 (P.O. Bo	stered agent and office is: ANEL Jabberi (NAME) WESLEY COVE CT. OX OR Mail Drop Box NOT ACCEPTABLE) NVILLE, FL. 3225	FILED 98 FEB 19 AM 8: 07

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.

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