

P98000029350

TRANSMITTAL LETTER

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

SUBJECT: CLEARCUT SOLUTIONS, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

_____	\$70.00 Filing Fee
<input checked="" type="checkbox"/>	\$78.75 Filing Fee & Certificate
_____	\$122.50 Filing Fee & Certified Copy
_____	\$131.25 Filing Fee, Certified Copy & Certificate

FROM: Margaret P. Lambrecht, Esquire
Registered Agent
6302 Manatee Avenue West, Ste F
Bradenton, FL 34209
(941) 761-0363

98 MAR 27 AM 7:28
FILED
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

CLEARCUT SOLUTIONS, INC.

FILED
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SECRET
FLORIDA

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:

ClearCut Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

405 Central Avenue, Suite 201
St. Petersburg, Florida 33701

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

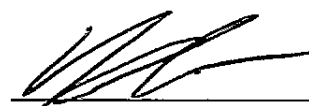
The name and Florida street address of the initial registered agent are:

Margaret P. Lambrecht
6302 Manatee Avenue West, Suite F
Bradenton, Florida 34209

ARTICLE V INCORPORATOR

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

Kevin R. Lambrecht
405 Central Avenue, Suite 201
St. Petersburg, Florida 33701

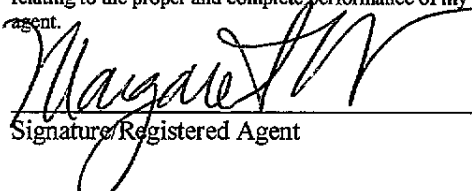


Signature/Incorporator



Date

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.



Signature/Registered Agent



Date