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TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 10 AM 10:26

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

600002485056--6

--04/10/98--01064--007

*****70.00 *****70.00

SUBJECT:

Suasion Incorporated
(Proposed corporate name - must include suffix)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

DAN KIELY
Name (printed or typed)

67 NORWICH C
Address

WEST PALM BEACH FL 33417
City, State & Zip

561 547 0350
Daytime Telephone number

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

DB 4/14

ARTICLES OF INCORPORATION
OF
Suasion, Incorporated

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The undersigned subscriber to these Articles of Incorporation a natural person competent to contract, hereby forms a corporation, for profit, under the laws of the State of Florida.

Article I

The name of the corporation is: Suasion, Incorporated.

Article II

This corporation is to exist perpetually unless dissolved in accordance with the laws of the State of Florida.

Article III

This corporation may engage in any activities or businesses permitted under the laws of the United States of America and the laws of the State of Florida.

Article IV

The aggregate number of shares of stock which this corporation shall have authority to issue is One Hundred Thousand (100,000) shares of no par value which shall be designated "common stock," and 100,000 shares of preferred stock. The board of directors shall have the authority to determine the issuance, rights, privileges, and voting powers of the preferred shares.

Article V

The initial street address of the principal office of this corporation in the State of Florida is 67 Norwich C, West Palm Beach, Florida 33417, located in Palm Beach County. The Board of Directors may, from time to time, move the principal address to any other address in Florida. This corporation shall have the privilege of having branch offices at such other places within and without the State of Florida or the United States of America as may be designated from time to time by the Board of Directors of the corporation.

Article VI

The name and address of the initial director of the corporation is:

L. Maxine Kiely
67 Norwich C
West Palm Beach, Florida 33417

The number of directors may be increased or diminished from time to time in accordance with the by-laws adopted by the shareholders.

Article VII

The name and address of the incorporator of the corporation is:

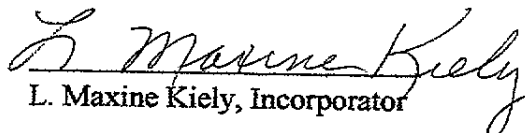
L. Maxine Kiely
67 Norwich C
West Palm Beach, Florida 33417

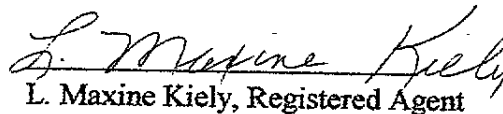
Article VIII

Pursuant to Florida statutes, L. Maxine Kiely, 67 Norwich C, West Palm Beach, Florida, Palm Beach County, Florida, 33417, is hereby named as agent of the corporation to accept service of process within the State of Florida; and said L. Maxine Kiely does accept to act in this capacity and agrees to comply with the provision of said act relative to keeping open said office location at the above address.

1/30/98

Date


L. Maxine Kiely, Incorporator


L. Maxine Kiely, Registered Agent

**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:

SUASION Incorporated

2. The name and address of the registered agent and office is:

L. MAXINE Kiely
(NAME)

67 NORWICH C
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

West Palm Beach, FL 33417
(CITY/STATE/ZIP)

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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.

L. Maxine Kiely
(SIGNATURE)

4/1/98
(DATE)

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