TRANSMITTAL LETTER

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

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SUBJECT:	rontier Business Solut			
(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	3
		ADDITIONAL CO	DPY REQUIRED]
FROM: _	Cristina A. Vidal		-	
110141.	Name (Printed or typed)			2
	13920 Lake Placid Court #B-13			की ग
•	Address SERV			
	Miami Lakes, Florida 33014 City, State & Zip		LED 8 PH 4:11	

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

Daytime Telephone number

305-970-3115

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:

Frontier Business Solutions, Inc.



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

13920 Lake Placid Court #B-13 Miami Lakes, Florida 33014

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Cristina A. Vidal

13920 Lake Placid Court #B-13

Miami Lakes, Florida 33014

<u>ART</u>ICLE V *INCORPORATOR*

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

Cristina A. Vidal

13920. Lake Placid Court #B-13

Miami Lakes, Florida 33014

Cuta a. Vielel

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

Creft G. Visitef
Signature/Registered Agent