

TRANSMITTAL LETTER

098000087658

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

FILED
SECRETARY OF CORPORATIONS
98 OCT 12 AM 9:03

SUBJECT: LiceSolutions, Inc.
(Proposed corporate name - must include suffix)

200002661532--6
-10/12/98--01072--019
*****78.75 *****78.75

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: Katie Shepherd
Name (Printed or typed)

P.O. Box 2406
Address

Jupiter, Fl. 33468-2406
City, State & Zip

561-743-2256
Daytime Telephone number

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:

LiceSolutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 2406, Jupiter, Fl. 33468-2406

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Brad Shepherd, 304 5th St., Jupiter, Fl. 33458

ARTICLE V INCORPORATOR

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

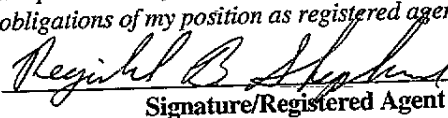
Katie Shepherd, P.O. Box 2406, Jupiter, Fl. 33468-2406


Signature/Incorporator

10/17/98
Date

(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


Signature/Registered Agent

10/17/98
Date

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