## P98000101816

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

SUBJECT:	Optimal Sof	tware Solutate name - must include suff	tions, Inc.	<b></b>
			00002700 -12/02/980 *****78.75	
Enclosed is an original	and one(1) copy of the articles	of incorporation and a c	heck for :	1
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	David D	i Cicco rinted or typed)		
5866 Darren Ct. N.				
	<u>Clearwate</u>	F. FL 33760 State & Zip	DEC -2	
	813 - 531 - Daytime T	93 82 Telephone number	M 9: 43	الم <del>حمدة</del> الم
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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:

Optimal Software Solutions, Inc.



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

5866 Darren Ct. N. Clearwater, FL 33760

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:

David Di Cicco 5866 Darren Ct. N. Clearwater, FL 33760

ARTICLE V INCORPORATOR

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

David DiCicco 5866 Darren Ct. N. Clearwater, FL 33760

Signature/Incorporator

///24/98

(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

/24/98 Date