## P99000011504

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

900002763209--1 -02/03/99--01029--019 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: Sara So Ta Soft ware Solutions, Inc.

(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 Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

John Staley

Name (Printed or typed)

2810 Indianwood Drive

Address

City, State & Zip

34237

B-3 AM 9: 34

Daytime Telephone

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

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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: Sarasota Software Solutions, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The mineral place of hydroge and mailing address of this companyion shall be	
2810 Indianwood Wive	
2810 Indianwood Drive Sara Sota, FL 34232	
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  ////	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:	
2810 Indian wood Drive	
ARTICLE V INCORPORATOR Savo SOTa, FL 34232	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:  John Staley 2810 Indianucod No.	
Sera Sota, Fl 3923	
/// 3.423	

(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	e 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	e_of my duties, and I am familiar with and accept the
obligations of my position as registered agent	
(h) by 1000	1/27/99
- Ci Billian	
Signature/Registered Agent	' Date