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

MULTISOFT BUSINESS SOLUTIONS, In (Proposed corporate name - must include suffix)

*****87.50 ****87.50

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

\$70.00

☒ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

__

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: _	SRINIVAS P	OTLAPALLI	
Name (Printed or typed)		(Printed or typed)	

SW 90 AVE, Address

305-378-8008 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles 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: MULTISOFT BUSINESS SOLU	= = = UNONS, Inc.			
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 3878 Swgo Ave. GG 207	三 三 三			
MIAMI, FL-33176				
ARTICLE III SHARES				
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:				
10,000/ (Ten Thousands Only)				
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS THE name and Florida street address of the initial registered agent are: SRINIVAS POTLAPALLI 13878 SW 90 AVE 5 GIG 207 MIAMI, FL - 33176 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: SRINIVAS POTLAPALLI 13878 SW 90 AVE, GG 207 MIAMI, FL - 33176	99 APR - I PN 2: 19 SECRETARY OF STATE			
Signature/Incorporator D	30/99			
(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				
A 2 1 A 2 2	1			
Signature/Registered Agent	Date			