# P9900032332

### TRANSMITTAL LETTER

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

SUBJECT:A	TP	Soluti	ous,	Inc	- -		
	(Propos	ed corporate	name - mu	st include suff	îx)		
			•		<b>7000<u>0</u>28</b> -04706/9 ****131	300775 901007006 .25 *****87.50	
Enclosed is an origin	al and	one (1) cop	y of the a	articles of in	ncorporation and a	check	
for:  \$70.00  Filing Fee		\$78.75 iling Fee Certificate	Filin	22.50 ng Fee fied Copy	\$131.25 Filing Fee, Certified Copy & Certificate	 -	
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	_	13371	99 APR				
		Miami	Address		182 _	ARY OF A	
	_	City, State & Zip					
		City, State & Zip = (305) 266-0491 = 5					
		Davtim	e Telephon	e number		¥# "	

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



#### ARTICLES OF INCORPORATION 99 APR -5 PM 4: 10

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

#### ARTICLE II PRINCIPAL OFFICE

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

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 address of the initial registered agent is:

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Orlando Morejon 13371 N.W. 3rd Terrace Miami, FL 33182 \_

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of April 1999.

Articles of Incorporation Filing Fee - \$35

Signature

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of	f the corporation is:	ATP	Solution	ns,-Inc	
	-				<del></del>
2. The name a	nd address of the reg	istered agent	and office is:	-	
	Orland	o Mor	ejon		
		(Name)			
	(337(	N, W.	3 <u>ra</u>	Terrace	SELVISION SEC
<del></del>	(P.O	. Box not accep	otable)		APR
	Miami	FL	33182		OF CC
		(City/State/Zip)			<b>3</b> 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
					STATE STATE
Having been nabove stated cappointment to comply with mance of my deas registered a	amed as registered ag orporation at the place of as registered agent the provisions of all s uties, and I am familial gent.	gent and to ac e designated tand agree to tatutes relatin r with and acc	ccept service in this certific act in this ca ig to the prop cept the obliga	of process for cate, I hereby pacity. I furth er and comple ations of my p	r the accept accept er agree ete perfor- position
<u>De</u>	leudo Wov (Signature)	region		(Date)	