19990003389/

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

Strategic Marketing + Sales Solutions, Inc.

SUBJECT:

(Proposed corporate name - must include suffix)

200002834752--2 -04/09/99--01062--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 of Status

⊠\$78.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Irene Willis					
FROM:	Name (Printed or typed)					
	9886 K.W. 2nd Court					
	Address					
	Plantation, Florida 33324					
	City, State & Zip					
	(954) 472-8027					
	Davtime Telephone number					

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

1,10

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.

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The name of the corporation shall be: Strategic Marketing & Sales Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9886 NW 2nd court Plantation, FC 33324

ARTICLE III SHARES

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

1 share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Irene Willis
9886 NW 2nd Court
Plantation, FL 33324

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Irenewillis 9886 NW2nd Court Plantation, FL 33324

Flantation, FL 33324

Will
Signature/Incorporator

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 Date