

19900063029

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002932384--3

-07/15/99--01055--026

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SOLUTIONS CONSULTANT, INC.

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

| | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

AMENDMENTS

| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

OTHER FILINGS

| | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

REGISTRATION/
QUALIFICATION

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

ARTICLES OF INCORPORATION

The under signed 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:

SOLUTIONS CONSULTANT, INC.

FILED
99 JUL 15 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - PRINCIPAL OFFICE:

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

ADDRESS PLACE AND MAILING:

12973 SW 112st. Street, Suite # 209
Miami, Fl 33186

ARTICLE III - SHARES:

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

100 Shares

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

Juan Ordonez
9310 SW 120 Ave.
Miami, Fl 33186

ARTICLE V - INCORPORATOR (S):

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

- | | |
|--|--|
| 1- Juan Ordonez 9310 SW 120 Ave. Miami, Fl 33186 | 2- Claudio Valero 7501 SW 137 Ave. Miami, Fl 33183 |
| 3- Matilde Sandino 1701 W. Flager St. Suite # 7G Miami, Fl 33125 | |

ARTICLE VI - DIRECTOR (S):

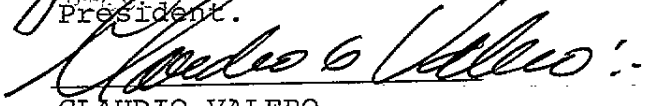
The name(s) and street address(s) of the director(s) to these Articles of Incorporation is (are):

- | | |
|--|--|
| 1- Juan Ordonez 9310 SW 120 Ave. Miami, Fl 33186 | 2- Claudio Valero 7501 SW 137 Ave. Miami, Fl 33183 |
| 3- Matilde Sandino 1701 W. Flager St. Suite # 7G Miami, Fl 33125 | |

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

14 day of July, 1999


JUAN ORDONEZ
President.


CLAUDIO VALERO
Vice-President


MATILDE SANDINO
SECRETARY

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

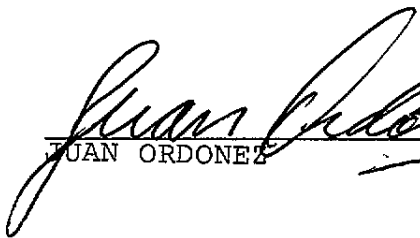
1. The name of the corporation is:

SOLUTIONS CONSULTANT, INC.

2. The name and address of the registered agent and office is:

JUAN ORDONEZ
9310 SW 120 Ave.
Miami, Fl 33185

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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


JUAN ORDONEZ

DATE: JULY 14, 1999

99 JUL 15 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED