P9900064946 TRANSMITTAL LETTER

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

300002918013--7 -06/29/99--01012--002 i *****87.50 ******87.50

CT:	(Proposed corporate name - must include suffix)		
	ويدغي د		
is an origina	al and one(1) copy of the artic	les of incorporation and a	check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	MICHAEL O. B Name (IDDLE (Printed or typed)	SEC:
	3244 Ayrshir		SECRETAR ALLAHASS

W-15306

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

City, State & Zip

Daytime Telephone number

Jacksonville, Fl 32226

904-757-1025



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 1, 1999

MICHAEL O. BIDDLE 3244 AYRSHIRE ST. JACKSONVILLE, FL 32226

SUBJECT: EXPERT SOLUTIONS INC.

Ref. Number: W99000015306

We have received your document for EXPERT SOLUTIONS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum Document Specialist

Letter Number: 599A00034700

ARTICLES OF INCORPORATION OF

(Name of Corporation)

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The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation. ARTICLE 1: NAME Puretech Solutions Inc. The name of the corporation shall be:___ ARTICLE 2: PRINCIPAL PLACE OF BUSINESS The principal place of business of this corporation shall be (give street address and zip code): 12866 Moose Road, Jacksonville, Fl 32226 **ARTICLE 3: SHARES** All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any Ten (10) time is: ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE The name of the initial registered agent is Michael O. Biddle 3244 Ayrshire Street, Jacksonville, Fl. 32226 ARTICLE 5: INCORPORATORS The names and street addresses of the incorporators to these Articles of Incorporation are: Christopher M. Hetman 12866 Moose Road, Jacksonville, Fl. 32226 Michael O. Biddle 3244 Ayrshire Street, Jacksonville, Fl. 32226 The undersigned incorporators have executed these Articles of Incorporation this Day of June Signature

Articles of Incorporation Filing Fee — \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, 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/professional association is: Puretech Solutions Inc.	-
2. The name and address of the registered agent and office is:	99.JUL SEURE TALLAH
Michael O. Biddle	<u> </u>
Full name	2 SSE
3244 Ayrshire Street	EF A
Address (P.O. Box not acceptable)	TATE ORIDA
Jacksonville,Fl 32226	-
City, State, and Zip	

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 OF REGISTERED AGENT

DATE

Designation of Registered Agent Filing Fee — \$35.00