

99000069704

**EEO SOLUTIONS, INC.**

Christopher M. Shulman, Principal

P.O. Box 10265

Tampa, FL 33679-0265

Phone: 813/264-9079

Fax: 813/871-6215

E-mail: chris\_shulman@eeo-solutions.com

July 28, 1999

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

Re: EEO Solutions, Inc.

800002946178--9  
-07/30/99--01076--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Dear Sir or Madam:

Enclosed please find the original and one copy of the articles of incorporation and a check for \$78.75, representing the filing fee plus the fee for a certified copy of the articles of incorporation for EEO Solutions Inc.

Sincerely,



Christopher M. Shulman  
Principal

Enclosures

**FILED**  
99 JUL 30 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Articles of Incorporation for EEO Solutions Inc.

*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:      EEO Solutions, Inc.

Article II      Principal Office

The principal place of business and mailing address of this Corporation shall be:  
EEO Solutions, Inc., P.O. Box 10265, Tampa, FL 33679-0265.

Article III      Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:      10,000.

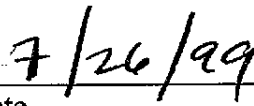
Article IV      Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are: Christopher M. Shulman, 2620 West Kennedy Blvd., Tampa, FL 33609.


Article V      Incorporator

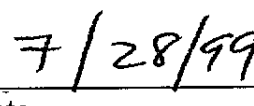
The name and address of the incorporator to these articles of incorporation all are:  
Christopher M. Shulman, 2620 West Kennedy Blvd., Tampa, FL 33609.

  
\_\_\_\_\_  
Signature of Incorporator

  
\_\_\_\_\_  
Date

*Having been named as registered agent and to accept service of process for the above stated Corporation at the place in designated in this certificate, I hereby except 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 except the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature of Registered Agent

  
\_\_\_\_\_  
Date

FILED  
99 JUL 30 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA