

TRANSMITTAL LETTER

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

SUBJECT:

eSolutions Group, Inc.
(Proposed corporate name - must include suffix)

100003055441--3
-11/29/99--01115--020
*****87.50 *****87.50

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
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Ali WARSAGER

Name (Printed or typed)

8130 P. O. Box Chase Drive

Address

Orlando, FL 32836

City, State & Zip

407-876-1750

Daytime Telephone number

STATE
TALLAHASSEE, FLORIDA

99 NOV 29 PM 1:47

FILED

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

11/29/99

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.

ARTICLE I NAME

The name of the corporation shall be:

eSolutions Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*830 Citrus Chase Dr
Orlando, FL 32836*

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:

*Ari WARSAGER
101 S.E. 2nd Place Suite 116
GAINESVILLE, FL 32601*

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

*Ari WARSAGER
8130 Citrus Chase Drive
Orlando, FL 32836*

[Signature]
Signature/Incorporator

11/22/99
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]
Signature/Registered Agent

11/22/99
Date

FILED
99 NOV 29 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA