

P010000 79145

TRANSMITTAL LETTER

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

SUBJECT: Professional Medical Staffing Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004518507--4
-08/06/01--01018--029
*****87.50 *****87.50

Enclosed are 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: Steve Marks
Name (Printed or typed)

17887 S.E. Federal Hwy
Address

Jupiter, FL 33469
City, State & Zip

561-746-3011
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -6 AM 10:00

FILED

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

AUG 13 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Professional Medical Staffing Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17887 S.E. Federal Hwy
Jupiter, FL. 33469

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To supply qualified personnel Medical Industry

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Steve Marks
9225 SE Cove Point St.
Jupiter, FL. 33469
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Steve Marks
9225 S.E. Cove Point St.
Jupiter, FL 33469

ARTICLE VII INCORPORATOR

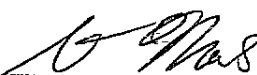
The name and address of the Incorporator is:

Steve Marks
9225 S.E. Cove Point St.
Jupiter, FL. 33469

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

Date


Signature/Incorporator

Date

FILED
01 AUG - 6 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-3-01