

P10000039542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

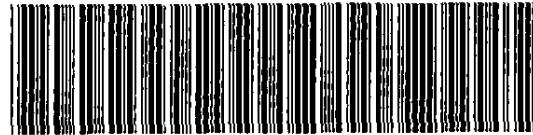
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: SPECIALTY MEDICAL STAFFING INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: SAMUEL O. JACK
Name (Printed or typed)

9951 S.W. 83 STREET
Address

MIAMI FL 33173
City, State & Zip

786 597 8188
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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:

SPECIALTY MEDICAL STAFFING INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9951 S.W. 83 STREET
MIAMI FLORIDA 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

STAFFING MEDICAL PERSONNELS

ARTICLE IV SHARES

The number of shares of stock is:

100 shares (100%)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SAMUEL O. JACK PRESIDENT
9951 S.W. 83 ST
MIAMI FL 33173

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SAMUEL O. JACK
9951 S.W. 83 ST
MIAMI FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAMUEL O. JACK
9951 S.W. 83 ST
MIAMI FL 33173

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

Samuel O. Jack
Signature/Registered Agent

Samuel O. Jack
Signature/Incorporator

May/04/10
Date

May/04/10
Date

FILED
10 MAY -6 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA