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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TC 03/29/11

COVER LETTER

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

SUBJECT: Mission Search Accounting & Finance, 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: Peter Dominici
Name (Printed or typed)

2203 N. Lois Avenue, Suite 1225
Address

Tampa, FL 33607
City, State & Zip

813-870-9500
Daytime Telephone number

pete@missionsearchusa.com
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

Mission Search Accounting & Finance, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2203 N. Lois Avenue, Suite 1225
Tampa, Florida 33607

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct all business necessary to operate as an Employment Search and Staffing Firm with a primary niche focused on the permanent placement and temporary assignment of Accounting and Finance professionals.

ARTICLE IV SHARES

The number of shares of stock is: The Corporation is authorized to issue ten million shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John M. Astrab - CEO/Director
Address: 2203 N. Lois Avenue, Suite 1225
Tampa, FL 33607

Name and Title: _____
Address: _____

Name and Title: Tracey T. Tringali - President/Director
Address: 2203 N. Lois Avenue, Suite 1225
Tampa, FL 33607

Name and Title: _____
Address: _____

Name and Title: Peter Dominci - CFO/Director
Address: 2203 N. Lois Avenue, Suite 1225
Tampa, FL 33607

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: John M. Astrab
Address: 2203 N. Lois Avenue, Suite 1225
Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John M. Astrab
Address: 2203 N. Lois Avenue, Suite 1225
Tampa, FL 33607

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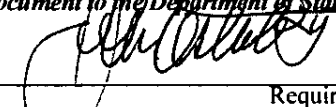
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3-22-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

3-22-11
Date