

P 000000 30803

TRANSMITTAL LETTER

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

400003177834--9
-03/21/00--01082--011
*****78.75 *****78.75

SUBJECT: Vollrath & Associates Incorporated
(Proposed corporate name must include suffix)

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: Mary Ann Vollrath
Name (Printed or typed)
5321 Fruitville Road
Address
Sarasota Fl 34232
City, State & Zip
941-371-3339
Daytime Telephone number

FILED
00 MAR 21 PM 4: 17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

VOLLRATH & ASSOCIATES INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

5321 Fruitville Road
Sarasota, Florida 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide staffing assistance for employers in Southwest Florida

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Mary Ann Vollrath, President
5321 Fruitville Road
Sarasota, FL 34232

Dale Vollrath, Vice President
5321 Fruitville Road
Sarasota, FL 34232

ARTICLE VI REGISTERED AGENT

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

Mary Ann Vollrath
5321 Fruitville Road
Sarasota, Florida 34232

ARTICLE V INCORPORATOR

The name and address of the Incorporator are:

Dale Vollrath
5321 Fruitville Road
Sarasota, Florida 34232

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.

Mary Ann Vollrath
Signature/Registered Agent

3-14-00
Date

Dale Vollrath
Signature/Incorporator

3/14/00
Date

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TALLAHASSEE FLORIDA