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gifte and the second	PO 000	TAL LETTER	32:)	
Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 323		,	TALL AND OF THE	PILED PILED T: 25	
SUBJECT: PATRICK PERSONNEL NC (Proposed corporate name - must include suffix) 8000032114888 -04/17/0001126016 ******70.00					
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	S78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REOUIRED		
FROM:	SUZANNE Name (Pr	PATRICK inted or typed)	Tievendo		
2394 TAM (AM) TR Address					
PORT CHARLOTTE FLA 33952 City, State & Zip					

941-629-2611 Daytime Telephone number

2 4 2019

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

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:	E E
PATRICK PERSONNEL INC	DAPR 17 AM 7: 25
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
2394 TAMIAMI TR	· Sm. 135
PORT CHARLOTTE, T-LA 33952	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at	any one time is:
1,000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD	RESS
The name and Florida street address of the initial registered agent are:	
SUZANNE PATRICK	
2394 TAMIAMI TO	
ARTICLE V INCORPORATOR FLA. 33952	
The name and address of the incorporator to these Articles of Incorporation are:	
SUZANNE PATRICK	
2394 TAMIAMI TR	
, PORT CHARLOTTE, FLA 33952	
X Suzanne Patrick X 4.	-13-00
~ / · ~	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/Registered Agent

-/3-00 Date