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TRANSMITTAL LETTER

FILED

00 MAY -3 PM 3: 28

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600003238016-8
-05/03/00-01119-020
*****78.75 *****78.75

SUBJECT: Cliff W. Bard & Associates, Inc.
(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: Cliff W. Bard
Name (Printed or typed)

1901 South Harbor City Blvd., Suite 600
Address

Melbourne, Fla. 32901
City, State & Zip

321-727-1414
Daytime Telephone number

Cliff W Bard GAVE

RA - Article VI

DATE: 5/5/00
DOC. NO. 5/5/00

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

Pat 5/5/00

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:

Cliff W. Bard & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1901 South Harbor City Blvd., Suite 600
Melbourne, Fla. 32901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional consulting, training, recruiting and placement.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

Cliff W. Bard
1901 South Harbor City Blvd., Suite 600
Melbourne, Fla. 32901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cliff W. Bard
1901 South Harbor City Blvd., Suite 600
Melbourne, Fla. 32901

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cliff Bard

Signature/Incorporator/Registered Agent

Date *5/1/2000*