CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up

*****78.75 *****78.75 Art of Inc. File LTD Partnership File Foreign Corp. File_ L.C. File Fictitious Name File Trade/Service Mark_ Merger File_ Art. of Amend. File RA Resignation 77 Dissolution / WithdrawaF Annual Report / Reinstafement Cert. Copy_ Photo Copy_ Certificate of Good Standing Certificate of Status_ Certificate of Fictitious Name_ Corp Record Search___ Officer Search Fictitious Search_ Signature Fictitious Owner Search____ Vehicle Search_ Driving Record_ Requested by: UCC 1 or 3 File CM UCC 11 Search Name Date UCC 11 Retrieval Walk-In

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 2, 2000

CAPITAL CONNECTION, INC. 417 E VRIGINIA ST, STE 1 TALLAHASSEE, FL 32302

SUBJECT: THE OUTSOURCE GROUP, INC.

Ref. Number: W00000014070

We have received your document for THE OUTSOURCE GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith Document Specialist

Letter Number: 000A00031181

OKE [ART OF 5]

ARTICLES OF INCORPORATION

OF

Nationstaff, Inc.

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 is Nationstaff, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 4248 S.E. Commerce Avenue, Stuart, FL 34997.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is seven-thousand five-hundred (7,500) shares having a par value of one dollar (\$1.00) per share.

FILED

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Leif J. Grazi, Esq., 217 E. Ocean Blvd., Stuart, FL 34994.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is President, 4248 S.E. Commerce Avenue, Stuart, FL 34997. Vice President, John Patti, 4248 S.E. Commerce Avenue, Stuart, FL 34997. Secretary, Elizabeth Patti, 4248 S.E. Commerce Avenue, Stuart, FL 34997. Treasurer, Colleen Patti, 4248 S.E. Commerce Avenue, Stuart, FL 34997.

The undersigned has executed these Articles of Incorporation this 1st of June 2000.

"Capital Connection, Inc. by, Lance L. McGee, Client Representative"

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The name of the corporation is:	Nationstaff, Inc.
2.	The name and street address of ti	he registered agent and office
is:		ean Boulevard, Stuart, FL 34994

HAVE 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.

LEIF J. GRAZI REGISTERED AGENT

CRETARY OF STATE.