TSAMPLE INTER OF TRANSMISTAL) DATE 12-4-00

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

Re: PERSONNEL PERSPECTIVES Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

000003489540--9 -12/06/00--01066--005 *****78.75 ******78.75

JOSE RAMON RODRIGUEZ
(Individual's Name)

PERSONNEL PERSPECTIVES
(Name of Corporation)

MAILING ADDRESS OF CO	rporation —
6322 GAGE	PL
MIAMI LAKES,	FL
PHONE -	
(305) 821-9736 Area Code Number	
Area Code Number	Ext.

P. (1977)

ARTICLES OF INCORPORATION

	_	of	
	PERSONNEL	PERSPECTIVES, INC.	
		(name of corporation)	
 		C	

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s)

ARTICLE	E I - CORPORATE NAME	
The name of the corporation is: $PERSON$	INEL PERSPEC	TIVES INC.
ARTA This corporation shall exist perpetually unless diss	ICLE II - DURATION	PILED AN 9: 48 SECRETARY OF STA
The corporation is organized for the purpose of enumerical states and the State of Florida.		s permitted under the laws of the
The corporation is authorized to issue / 00	<i>E IV - CAPITAL STOCK</i> _shares_of common stock, par valu	ne \$ <u>/. 00</u> per share.
ARTICLE V - The street address of the initial principal office and	INITIAL PRINCIPAL OFFICE I, if different, the mailing address	is:
		is:
The street address of the initial principal office and STREET ADDRESS	l, if different, the mailing address	is:
The street address of the initial principal office and STREET ADDRESS	l, if different, the mailing address	is: ZIP <i>33014</i>
The street address of the initial principal office and STREET ADDRESS 6322 Gage Place	l, if different, the mailing address	
The street address of the initial principal office and STREET ADDRESS 6322 Gage Place CITY Miami Lakes	l, if different, the mailing address	
The street address of the initial principal office and STREET ADDRESS 6322 Gage Place CITY Miami Lakes Mailing address, if different	l, if different, the mailing address	
The street address of the initial principal office and STREET ADDRESS 6322 Gage Place CITY Miami Lakes Mailing address, if different	l, if different, the mailing address	
The street address of the initial principal office and STREET ADDRESS 6322 Gage Place CITY Miami Lakes Mailing address, if different STREET ADDRESS CITY	I, if different, the mailing address FLORIDA	ZIP 33014 ZIP
The street address of the initial principal office and STREET ADDRESS 6322 Gage Place CITY Miami Lakes Mailing address, if different STREET ADDRESS CITY ARTICLE VI - INITIAL The street address of the initial registered office	FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA Contact the name of the initial recognition of the initial recognition.	ZIP 330/4 ZIP AGENT egistered agent at the office is:
The street address of the initial principal office and STREET ADDRESS 6322 Gage Place CITY Miami Lakes Mailing address, if different STREET ADDRESS CITY ARTICLE VI - INITIAL	FLORIDA FLORIDA FLORIDA FLORIDA FLORIDA Contact the name of the initial recognition of the initial recognition.	ZIP 330/4 ZIP AGENT egistered agent at the office is:

NAME	Keith	Lind gren	· / Electronic	Bookeeping	Services
ADDRESS	105	NE 183	3 rd 5t.		
CITY	Miami		F	torida 🖅	ZIP 33.179

ADTICTE VII	TATETAT	DOLDE	OF DIRECTORS
ARIII I.E. VII -	INHIALI	SUAKI) I	UF DIKECTUKS

This corporation shall have	By-Laws, but shall never be less that	he number of directors may be
NAME JOSE RAMON RO	000/0457	
ADDRESS 1462 FINDLAY	<+	
CITY DELTONA	STATE FL	ZIP 3272J-
NAME LORRAINE &	COORIGHEZ	
ADDRESS 1462 FINDLAY		
CITY DELTONA	STATE F	ZIP 32725
NAME	•	
ADDRESS	-	
CITY	STATE	ZIP
A RTICI)	E VIII - INCORPORATORS	
The names and addresses of the incorporators signing		s follows:
		_
NAME JOSE RAMON - 1 ADDRESS 6322 GAGE	NODRIGUEZ	
	STATE FLORIS	DA ZIP 33014
CITY MIAMI LAKES	STATE PLOXI	0A 211 33014
NAME		
ADDRESS		ZIP
CITY	STATE	Z1P
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed the day of	nese Articles of Incorporation this 2000 20 Kaymork In	(Signature) (Signature)
		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



PERSONNEL PERSPECTIVES, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

as muncateu	OT ME	183rd 5+	
at/_	1	700 01.	
	iami &C	33119	
has named _	Keith	Lindgren	 .

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Lord Julya-	12-4-00
(Signature)	(Date)