

pd/000010323

TRANSMITTAL LETTER

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

Subject: Task Relief, Inc

100003582931--5  
-01/26/01--01161--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$ 70.00 Filing Fee	<input type="checkbox"/> \$ 122.50 Filing Fee & Certified Copy (additional copy required)
<input type="checkbox"/> \$ 78.75 Filing Fee & Certificate	<input type="checkbox"/> \$ 131.25 Filing Fee, Certified Copy & Certificate (additional copy required)

From Michael Rossano  
1849 S. Betty Lane  
Clearwater, FL 33756

01 JAN 26 AM 9:45  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

✓

01/29

## 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: **TASK RELIEF, Inc.**

### ARTICLE II : PRINICPAL OFFICE

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

1849 S. Betty Lane  
Clearwater, FL 33756

### ARTICLE III : SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares

### ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

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

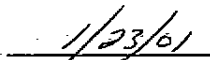
Michael Rossano  
1849 S. Betty Lane  
Clearwater, FL 33773

### ARTICLE V : INCORPORATOR(S)

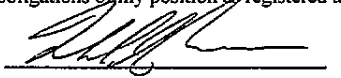
The name and address of the incorporator(s) to these Articles of Incorporation Are:

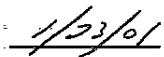
Michael Rossano  
1849 S. Betty Lane  
Clearwater, FL 33756

  
Signature/Incorporator

  
Date

Having been named as registered agent and to accept service of process for the above 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 Of Registered Agent

  
Date

FILED  
01 JAN 26 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA