POIDOO14871

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 OI FEB -8 PM 4: 08,
SECRETARIO SIATE
AND AHASSEE, FLORIDA

SUBJECT: People Source Inc.

(Proposed corporate name - must include suffix)

700003573217--4 -01/24/01--01066--010 *****78.75 *****78.75

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

\$70.00

₹\$78.75

Filing Fee

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sue F. Hinson

Name (Printed or typed)

5362 Galewind Lane

Address

Jacksonville, Florida 32211

City, State & Zip

(904) 281-1111

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 25, 2001

SUE F. HINSON 5362 GALEWIND LANE JACKSONVILLE, FL 32211

SUBJECT: PEOPLE SOURCE INC. Ref. Number; W01000001884

We have received your document for PEOPLE SOURCE 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 you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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) 487-6928.

Letter Number: 501A00004158

Tim Burch Document Specialist

ARTICLES OF INCORPORATION

FILED
OIFEB-8 PM 4: 08

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: People Source of North Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5362 Galewind Lane, Jacksonville, Florida 32211

ARTICLE III SHARES

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

1500 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Sue F. Hinson 5362 Galewind Lane Jacksonville, Florida 32211

ARTICLE V

INCORPORATOR (S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these articles of Incorporation is (are):

Sue F. Hinson 5362 Galewind Lane Jacksonville, Florida 32211

| uay | of February, | 2001 |
|--------|--------------------|---|
| An add | litional article m | nust be added if an effective date is requested.) |
| | | |
| | | |
| | | Signature Signature |
| | | Signature Signature |
| | | |
| | | |

Notarization is not required

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED 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: People Source of North Florida, Inc.
- 2. The name and address of the registered agent and office is:

| Sue F. Hinson | | SE | _ | |
|---|---|-----------------|-------|----|
| (Name) | | ELAH ECIKE |)] FE | - |
| 5362 Galewind Lane | | I ART ASSE | 8 B | = |
| (P.O. Box or Mail Drop Box NOT acceptable) | · | | PM | ED |
| Jacksonville, Florida 32211 | | i A LE ORIDA | 4: 08 | |
| (City, State, Zip) | | | | |

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.

Sue 7 Henson 2-01-01
(Signature) (Date)