TRANSMITTAL LETTER

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FILED
01 JUN 20 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: HOSPITAL STAFFING SERVICES CORP
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

700004432217--3
-06/20/01--01030--006
*****87.50 *****87.50

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: RAMON L. BENITEZ
Name (Printed or typed)

6700 WIRE ROAD
Address

ZEPHYRHILLS, FL.
City, State & Zip

(813)780-9220 (813)713-6004
Daytime Telephone number

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

C. BLALOCK JUN 21 2001

[redacted]TICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HOSPITAL STAFFING SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6700 WIRE ROAD
ZEPHYRHills, FLA 33540

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE HOSPITAL'S & NURSING HOMES WITH REGISTERED NURSES, LPN, LVN, CNA'S and RESPIRATORY THERAPIST ON A PER DIEM BASIS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

RAMON L. BENITEZ, 6700 WIRE ROAD ZEPHYRHills FL. 33540
WAYNE GARRETSON 5812 LIVERPOOL DR TAMPA FL. 33615

ARTICLE VI REGISTERED AGENT

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

RAMON L. BENITEZ
6700 WIRE ROAD
ZEPHYRHills, FLA 33540

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

RAMON L. BENITEZ
6700 WIRE ROAD
ZEPHYRHills FL. 33540

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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

RAMON L. BENITEZ
Signature/Registered Agent

6-12-01
Date

RAMON L. BENITEZ.
Signature/Incorporator

6-12-01
Date