

TRANSMITTAL LETTER

**P01000073946**

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

SUBJECT: Resource Providers, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900004495739--8  
-07/25/01--01072--022  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed are 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: W. Allen Clifford  
Name (Printed or typed)

5445 Mariner St Suite 208  
Address

Tampa FL 33609  
City, State & Zip

(813) 286-7631  
Daytime Telephone number

*No copy*

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

**FILED**  
01 JUL 25 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

T. Burch JUL 27 2001

# ARTICLES OF INCORPORATION

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

## ARTICLE I      NAME

The name of the corporation shall be:

**Resource Providers, Inc.**

## ARTICLE II      PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5445 Mariner St. Suite 208 Tampa, Florida 33609

## ARTICLE III      PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV      SHARES

The number of shares of stock is:

100,000

## ARTICLE V      INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

W. Allen Clifford 5445 Mariner St. Suite 208, Tampa, Florida 33609

Sylvia Word 4711 S Himes Ave #1406 Tampa, Florida 33611

## ARTICLE VI      REGISTERED AGENT

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

W. Allen Clifford 5445 Mariner St. Suite 208, Tampa, Florida 33609

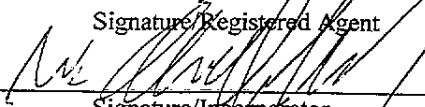
## ARTICLE VII      INCORPORATOR

The name and address of the Incorporator is:

W. Allen Clifford 5445 Mariner St. Suite 208, Tampa, Florida 33609

.....  
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.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

01 JUL 25 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

7/20/2001

Date

7/20/2001

Date