P01000075083

DAVRON, INC.

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

SUBJECT: DAVRON STAFFING INC.

PLEASE FIND ENCLOSED ONE COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$70.00.

FROM: DAVID COREEN 3750 GUNN HWY STE 2E TAMPA, FL 33624-4905 813-961-6632

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David Careen

73/01

ARTICLES OF INCORPORATION



THE NAME OF THE CORPORATION SHALL BE: DAVRON STAFFING INC.

ARTICLE TWO - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE: 3750 GUNN HWY, STE 2E, TAMPA, FL 33624-4905.

ARTICLE THREE - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 WITH A PAR VALUE OF \$1.00 PER SHARE.

ARTICLE FOUR - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS: DAVID COREEN, 3750 GUNN HWY STE 2E, TAMPA, FL 33624.

ARTICLE FIVE - INCORPORATORS

THE NAME (S) AND ADDRESS (ES) OF THE INCORPORATOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE) DAVID COREEN, RHONDA COREEN, AND DOUGLAS WILLIAMS, ALL OF 3750 GUNN HWU STE 2E, TAMPA, FL 33624.

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS

DAY OF JULY , 2000 200/

SIGNATURE/

DAVID COREEN

RHONDA COREEN

DOUGLAS WILLIAMS

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: DAVRON STAFFING INC.
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS: DAVID COREEN, 3750 GUNN HWY STE 2E, TAMPA, FL 33624.

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.

SIGNATURE:

DAWD CORFEN

DATE: 7/23/0/

FILED AM 11: 50
SECRETARY OF STATE
SECRETARY OF STATE