

# PO1000089193

## TRANSMITTAL LETTER

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01 SEP -6 PM 2:19

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500004572285--2  
-09/06/01--01052--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SERVICE STAFF INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Thomas M. Malone  
Name (Printed or typed)

9130 Latimer Rd. W.  
Address

JACKSONVILLE, FL. 32257  
City, State & Zip

904-739-2730  
Daytime Telephone number

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

G. BLALOCK SEP 11 2001

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

SERVICESTAFF INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9130 LATIMER Rd. W.  
JACKSONVILLE, FL. 32257

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is:

TWENTY "20"

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

**ARTICLE VI REGISTERED AGENT**

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

THOMAS M. MALONE  
9130 LATIMER RD. W.  
JACKSONVILLE, FL. 32257

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

THOMAS M. & MARIAM M. MALONE  
9130 LATIMER RD. W.  
JACKSONVILLE, FL. 32257

\*\*\*\*\*

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

Thomas M. Malone

Signature/Registered Agent

8/27/2001

Date

Thomas M. Malone

Signature/Incorporator

8/27/2001

Date