## POPOGO 6445 State

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

800004663798--1 -11/02/01--01023--006 \*\*\*\*\*\*87.50 \*\*\*\*\*\*87.50

Enclosed are an on	ginal and one (1) copy of the art	icles of incorporation and	a check for:
☐ \$70.00 Filing Fee	\$78.75. Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REOUIRED
FROM:	ROMAIN L. F	<b></b>	
	Name	(Printed or typed)	
	R+13 Box	471	
_	A	Address	<del></del>
-	LAKL City, City, Scity, Science, Scity, Scity, Scity, Scity, Scity, Scity, Scity, Scity, Science, Scity, Sc	FL 32055 State & Zip	FILLAHASS
	386-719-9809	# 381.	397-5陽是[
- A.I.	Daytime Te	elephone number	STA
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THORIZATION BY PHONE	ETO		
RRECT COSP NAM	<del>descriptions</del>		
		ginal and one copy of t	he articles.

ARTICLES OF INCO	ORPORATION						
In compliance with Chapte	er 607 and/or Chapter	621, F.S. (Profit	)				
		,	,				
The name of the corneration	n chall box	-		*.*			
The name of the corporation	I PROMING SHOP						
,	EVE con-			TASE O			
HEALTHCARE	EYECUTIVE RECRUITER	S. TMC		ig 5 m			
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CALL OLYXUE	1.00	*	1-2			
The principal place of busing	less/mailing address is	s: [] 22 <i>05</i> /2		SEX I			
P.O. Box 1760	T LAKE CITY,	PL Sausa		帰蓋り			
				TILED  NOV-2 AMII: 43  SECRETARY OF STATE  SECRETARY OF STATE			
ARTICLE III PURP	' <u>OSE</u>	irs		EA 3			
The purpose for which the Heacthcare	corporation is organiz	zed is:		•			
Healthcare	Executive Keci	rurting					
ARTICLE IV SHAI		~ +46	. =				
The number of shares of sto	ck is:						
100 Shares							
ARTICLE V INITIAL	L OFFICERS/DIRI	ECTORS (option	onal)	•			
The name(s), address(es) ar	ıd title(s):	1 0.1	[] 220CC	- Duadout			
RONALD L. AKINS	12+13 BOX 411	LAKE CITY,	PC 32033	- President			
The name(s), address(es) an RONALD L. Akins	//	//	11	- Treasurer			
				- Secretary .			
lt	//	l t	$\mathcal{U}_{-}$	,			
ARTICLE VI REG	SISTERED AGENT	r		1			
The name and Florida street address of the registered agent is:							
RONALD L. A	Kins		-				
R+13 Box 4							
LAKE City, Fo	2 32055						
ARTICLE VII INCOL	RPORATOR	<u>.</u> *	*.				
The <u>name and address</u> of th							
RUNALD L. AKI							
Rt 13 Box 47	1						
LAKE City, F.	2 32055						
**************************************	********	*******	********	***********			
Having been named as registered certificate, I am familiar with and							
12. N. I	$\wedge$ 1 $\prec$	<i>y</i>		/ /			
!\mala_Z_	Upm		و محجول دول	10/31/01			
Signature/Register	ed Agent			Date			
(Coan All	I Cl.			. / /			
Signature	L Wim		÷- * <u></u>	10/31/01			
Signature/Incorpor	awr			Date '			