

P02000014879

FILED

TRANSMITTAL LETTER

02 FEB -4 PM 3: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
02-01-02

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

SUBJECT: CORPORATE NAME

I ENCLOSE AN ORIGINAL AND 1 COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$78.75 IN ORDER TO FORM THE ABOVE REFERENCED CORPORATION AS OF FEBRUARY 1, 2002.

FROM:

THOMAS J. ROSE  
2841 MAIDEN LANE  
SARASOTA, FLORIDA 34231

(941) 924-1040

500004863905--3  
-02/04/02--01048--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

2-8

ARTICLES OF INCORPORATION  
OF  
ALL WORK GUARANTEED, INC.

EFFECTIVE DATE  
02-01-02

FILED

02 FEB -4 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR FOR THE PURPOSE OF FORMING A CORPORATION  
UNDER THE FLORIDA BUSINESS CORPORATION ACT HEREBY ADOPTS THE FOLLOWING  
ARTICLES OF INCORPORATION.

ARTICLE I - NAME  
\_\_\_\_\_

THE NAME OF THE CORPORATION SHALL BE

ALL WORK GUARANTEED, INC.

ARTICLE II - PRINCIPLE OFFICE  
\_\_\_\_\_

THE PRINCIPLE PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION  
SHALL BE:

2300 BEE RIDGE ROAD, SUITE 301  
SARASOTA, FLORIDA 34239

ARTICLE III - CAPITAL STOCK  
\_\_\_\_\_

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE  
OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS  
-----

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

CAROL LYNN MONVILLE, C.P.A.  
2300 BEE RIDGE ROAD, SUITE 301  
SARASOTA, FLORIDA 34239

ARTICLE V - INCORPORATOR  
-----

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF  
INCORPORATION IS:

THOMAS ROSE  
2841 MAIDEN LANE  
SARASOTA, FLORIDA 34231

ARTICLE VII- EFFECTIVE DATE  
-----

PURSUANT TO SECTION 607.0123 OF THE FLORIDA STATUTES, THE EFFECTIVE DATE OF  
THIS DOCUMENT SHALL BE:

FEBRUARY 1, 2002

THE UNDERSIGNED HAS EXECUTED THE ARTICLES OF CORPORATION THIS 29TH DAY OF  
JANUARY 2002

  
-----  
THOMAS J. ROSE  
INCORPORATOR

FILED

CERTIFICATE OF DESIGNATION

02 FEB -4 PM 3: 36

REGISTERED AGENT/REGISTERED OFFICE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

ALL WORK GUARANTEED, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

CAROL LYNN MONVILLE, C.P.A.  
2300 BEE RIDGE ROAD, SUITE 301  
SARASOTA, FLORIDA 34239

SIGNATURE: *Carol Lynn Monville*

TITLE: *CPA / Registered Agent*

DATE: *1/29/02*

HAVING BEEN NAMED AS REGISTERED AGENT AND NOT 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: *Carol Lynn Monville*

DATE *1/29/02*