FAX NO. :954-565-1347

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# Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

# **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : AFFORDABLE PARALEGAL, FT. LAUDERDALE

Account Number : 120000000264 Phone : (954)565-9929 Fax Number : (954)565-1347

# FLORIDA PROFIT CORPORATION OR P.A.

MedStaff Solutions, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	<b>81</b> (7)
Estimated Charge	\$78.75

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4/17/2002 BM 4/18

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# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### NAME ARTICLE I

The name of the Corporation shall be:

MedStaff Solutions, Inc.

## PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

407 SE 24th Street, Suite B

Fort Lauderdale, FL 33316

# ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is : 1,000 shares

# ARTICLE IV DIRECTORS

The number of directors constituting the initial board of directors is two (2), and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Charles Bonilla

3020 NE 16th Avenue, #302 E

Fort Lauderdale, FL 33334

Seth Feldman 1630 NE 1st Street

Fort Lauderdale, FL 33301

# ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

Charles Bonilla

407 SE 24th Street, Suite B

Fort Lauderdale, FL 33316

# ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Charles Bonilla

407 SE 24th Street, Suite B

Fort Lauderdale, FL 33316

Having been named as registered agent 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/Registered Agent

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