Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

SUBJECT:

Corbin Executive Group - Tampa, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.

FROM:

14039 N. Dale Mabry Tampa, FL 33618

(813)963-1669

Corbin Executive Group - Tampa, Inc. 80005534 *****70.00 *****70.00





ARTICLES OF INCORPORATION OF Corbin Executive Group - Tampa, Inc.

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



ARTICLE I NAME

The name of the corporation shall be:

Corbin Executive Group - Tampa, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14039 N. Dale Mabry Tampa, Florida 33618

ARTICLE III CAPITAL STOCK

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

100

ARTICLE IV INTIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lenora Olney 14039 N. Dale Mabry Tampa, FL 33618

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Lenora Olney 14039 N. Dale Mabry Tampa, FL 33618

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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:

Corbin Executive Group - Tampa, Inc.

2. The name and address of the registered agent and office is:

Lenora Olney 14039 N. Dale Mabry Tampa, FL 33618

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERIFICATE, 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

ATTE GILO

O2 JUN -6 PM 1: 03
TALLAHASSEE FLORIDA