P02-10-00-11-11-11-2

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

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SUBJECT: PROFESSIONAL STAFFING AGENCY, INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for	m
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee See Certified Copy & Certificate of Status See Py REQUIRED	CEIVED
FROM:	DONEL Richem	ucincol inted or typed)		· · · · · · · · · · · · · · · · · · ·
168-C KAY AVE Address 7000060749275				
	TAllAhassee, FL	3230 tate & Zip	-06/28/02010 *****87.50 *	302005
	\$50 - 878 - Daytime Tel	9256 ephone number	-	1. 1. 1. 3. 1. 2. 数 2. 数 数 数 数

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE I</u> NAME PROFESSIONAL STAFFING ACENCY, INC The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Physical Address 1698-C KAY AVE TAILAhasse, FL 32301 NAILING Address P.O. BOX 7461 TAllahassey FL To Provide staffing to health care facilities such hospital Nursing home, and also home care ARTICLE III PURPOSE <u>ARTI</u>CLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT The name and Florida street address of the registered agent is: Richemond DonEL 1698-C KAY AVE TAILAhassee. INCORPORATOR The name and address of the Incorporator is: DONEL Richemond

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

Signature/Registered Agent

1698-C KAY AVE TALLA HASSEL, F-L 32301

Signature/Incorporator

Cept 1

Date

Date Date