

PO2000100411  
TRANSMITTAL LETTER

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

900007782189--1  
-09/17/02--01010--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Independent Service Providers, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Nicole M. Kasiewski  
Name (Printed or typed)

1021 Gulf Blvd. #108  
Address

Clearwater FL 33767  
City, State & Zip

(927) 641-5103  
Daytime Telephone number

FILED  
02 SEP 16 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Bm 9/17 2

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Independent Service Providers, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1621 Gulf Blvd #108 Clearwater, FL 33767

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of publications to Independent professionals  
Medical placement; Employee placement.

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Nicole Kasiewski; President  
1621 Gulf Blvd #108  
Clearwater, FL 33767

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Nicole Kasiewski  
1621 Gulf Blvd #108  
Clearwater FL 33767

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nicole Kasiewski  
1621 Gulf Blvd #108  
Clearwater FL 33767

\*\*\*\*\*  
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

Date

Signature/Incorporator

Date

FILED  
02 SEP 16 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA