## P03000040545

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		Ì	

Office Use Only



04/07/03--01036--011 \*\*78.75

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## TRANSMITTAL LETTER

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

	(THOTOSED CORTORY)	D WIND - MOOT HOOL	(DE SOFFIA)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for	
Difference and all offig	inax and one (1) copy of the artic	les of meorporation and	a check for.	
\$70.00	\$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of	
		ADDITIONAL CO	Status PY REQUIRED	
FROM:	SHANNON	Mc6011	₹ <u> </u>	
	Name (Printed or typed)			
	661 VIA	MILANO		
•	Address			
	APOPKA	(-c 32-	112_	
•	City, State & Zip			
	40) 8	14 1422	11. 34.	
	Daytime Telephone number			

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

	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	200
,	ARTICLE I NAME  The name of the corporation shall be:	03 APR -7 PM 2: 41  GURLLARY OF STATE  (ALLAHASSEE, FLORIDA
	PRIORITY EMPLOYEE LEASING  ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  661 VIA MILANO	MC
	APOPKA FL 32712  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Employee Leasing Broicer And And	O.T. 7 0
	BOUNCE THE OFFICE DESIGN APPROVE,  ARTICLE IV SHARES  The number of shares of stock is:	
γ) (s)	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):  SHAWNON McGUIEK, 661 VIA MILL  AMBER ANDERSON, 826 KAMCHATKA	·
	ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  SHAWNON MCGUIRE  GGI VIA MILANO  APOPKA FL 32712  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  SHAWNON MCGUIRE  GGI VIA MILANO  APOPKA FL 32712	
	Having been named as registered agent to accept service of process for the above stated corpor certificate, I am familiar with and accept the appointment as registered agent and agree to act in Signature/Registered Agent	
	Signature/Incorporator	Date