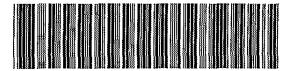
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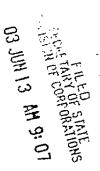
| (Re | questor's Name) | |
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| DAJ | dress) | |
| (Cit | y/State/Zip/Phone | • #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nan | ne) |
| | | _ |
| (Đo | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

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

| SUBJECT: Sur | nbelt Medical Staffing, Inc | | |
|----------------------|--|-------------------------------------|---------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | d a check for: |
| S70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | |
| | | ADDITIONAL CO | Status OPY REQUIRED |
| FROM: | Thomas J Fry | | |
| , | Name | (Printed or typed) | |
| | 1245 Oakdale St | | |
| i e e | , | Address | - |
| | Windermere, FL 34786 | | |
| | City | , State & Zip | |
| | 407-341-8929 | | |
| | Daytime 1 | 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)

ARTICLE I NAME

The name of the corporation shall be:

Sunbelt Medical Staffing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4502 35th Street, Suite 100 Orlando, FL 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful activity for which corporations may be organized under the General Corporation Law of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares having a par value of \$1.00.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): Thomas J Fry 1245 Oakdale St Windermere, FL 34786 President/Owner

ARTICLE VI REGISTERED AGENT

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

Laurie S Coleman 1110 Oakdale St Windermere, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas J Fry 1245 Oakdale St Windermere, FL 34786

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 femiliar with and accept the appointment as registered agent and agree to act in this capacity

06/09/2003

Signature/Registered Agent

00/00/200

Date

06/09/2003

Date

THE CONTRACTOR