

| (Requestor's Name) | | |
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| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| | WAIT 🔲 MA | AIL. |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies (| Certificates of Status | |
| Special Instructions to 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: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFLX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 **3**\$70.00 **3** \$78.75 **3**\$87.50 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FAGAN FROM: Name (Printed or typed) #qo3 Address ar. Drive. audeth N 3 3 - 4898 Daytime Telephone number 95u

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

ANY OF STATE **ARTICLES OF INCORPORATION** PORATIONS 03 JUL -7 AM11:40 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: PDF Sornies, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6300 SFALLS arde Dr. apt # 403 audechiel, (433319 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Home Health and Staffing Services ARTICLE IV SHARES The number of shares of stock is: π INITIAL OFFICERS/DIRECTORS (optional) ARTICLE V - 6300 SFMsGr Dr #4 The name(s), address(es) and title(s): Viçe Prosident 6368 Stores Conti. 1. FACAN Omo .). 2, PM (33319 7 6300 Strads at Dr H4 fagan Amani liesure Kandorfell, FI 33319 **REGISTERED AGENT** ARTICLE VI The name and Florida street address of the registered agent is: ajd # 103 Landoshell, A 3331. Fagan everly SFALLS ar Dr 6300 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: - P FACION Deserti 6300 Stalls an. Dr. C 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

Signature/Incorporator