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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Pertified Copies Certificates of Status Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT: Sudden Solutions Staffing Inc.

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

□ \$70.00 □ \$78.75
Filing Fee Filing Fee

& Certificate of Status

□ \$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

Antonia L. Johnson

10075 GOTE PKWY N. #1914

Jacksonville 7 (a. 32046) City, State & Zip

(904) 334-0122 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)	•
ARTICLE I NAME The name of the corporation shall be: Sudden Solutions	Staffing Ir
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 10075 Gate → Kwy N. # 1914	•
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Temporary Staffin agency	700N FEB - 6
ARTICLE IV SHARES The number of shares of stock is: ARTICLE IV SHARES The number of shares of stock is:	84 : III > A
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Antonio L. Johnson, 10075 Cate Pluy Northe: President CEO	1.#1914 Day.Fich 300
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Proprio L. Johnson 10075 Cate PKWY N Jacksoni IE, Fun 20046	#1914
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Antonia L. Johnson 10075 Cate TKWY N+1912 JOCKSONNIK, FLA 30046	- · · · · · · · · · · · · · · · · · · ·
**************************************	at the place designated in this
Signature/Registered Agent Date	3/04
Signature/Incorporator Date	3/04