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TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Tommy too	Printed or typed)	
15109 hourel cove cr. Address			
	Odessa, Fl	3355L	<u>, </u>
((813) 920	-9840	

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

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE 1 NAME The name of the corporation shall be: Personnel Solutions Plus, Ir	٦ C
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 15109 Laurel cove cr. Odessa, F1.33556	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Consulting.	
ARTICLE IV SHARES The number of shares of stock is: APPROVED BY AND OR PRESENCE.	
List name(s), address(es) and specific title(s): Tommy A. Bell 15109 Laurel cove cr. Odessa, 71.33556 President ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Tommy A. Bell 15109 Laurel cove CC. 0dessa. F19.33556 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Tommy A. Bell 15109 Laurel cove CC. 0dessa, Fla.33556 *********************************	-
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 A	
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