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### TRANSMITTAL LETTER

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

SORIECT:	ADDAMAGEN CARDAN		TIME OF THE DIVE
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ODE SUFFIX)
		,	
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
		;	· · · · · · · · · · · · · · · · · · ·
\$70.00	° <b>□</b> \$78.75	\$78.75	x <b>⊠</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
~	& Certificate of Status	& Certified Copy	Certified Copy
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			Status
		ADDITIONAL CO	
FROM:	Shelley R. Kienzle	(Data 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u></u>
•	Name	(Printed or typed)	
	26915 Piva Ct.		
		Address	
		•	
	Bonita Springs	34135	
	City	, State & Zip	
	_	-	
	(020) 000 0555		
		Felephone number	<u> </u>
	(239) 289-2566	34135 , State & Zip  Telephone number	

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 25, 2005

SHELLEY R. KIENZLE 26915 PIVA CT BONITA SPRINGS, FL 34135

SUBJECT: CAREER PLACEMENTS, INC.

Ref. Number: W05000020813

We have received your document for CAREER PLACEMENTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 605A00028229

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#### 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:

Career Specialists, Inc.

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#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

26915 Piva Ct., Bonita Springs, FL 34135

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

National Recruiting

#### ARTICLE IV SHARES

The number of shares of stock is:

1000

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Shelley R. Kienzle, 26915 Piva Ct., Bonita Springs, FL 34135 - President Kevin C. Kienzle, 26915 Piva Ct., Bonita Springs, FL 34135, Vice-President

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Shelley R. Kienzle, 26915 Piva Ct., Bonita Springs, FL 34135

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shelley R. Kienzle, 26915 Piva Ct., Bonita Springs, FL 34135

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

Date

4-13-05

Date

Signature/Incorporator