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SECRETARY OF STATE

TALL MARKS OF STATE

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TRANSMITTAL LETTER

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

	ALL PROFESSIONAL STAFFING INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Eclosed is an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	X \$78.75 Filing Fee & Certified Copy ADDITIONAL	\$87.50 Filing Dee, Certified Copy & Certificate of Status COPY REQUIRED	
FROM:	CAMILLA WALKER			
4	Name (Printed of 6161 NW 84TH TERRA			
	Address			
	PARKLAND, FL 33067			
	City, State & Zip)		
	954-584-4988			
Daytime Telephone Number				

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLES I NAME

The name of the corporation shall be:

ALL PROFESSIONAL STAFFING INC

ARTICLES II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6161 NW 84TH TERRACE, PARKLAND, FL 33067

ARTICLES III PURPOSE

The character and nature of the business to be transacted by the Corporation shall be to engage in MEDICAL STAFFING.

ARTICLES IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000) SHARES

INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CAMILLA WALKER, SECRETARY-6161 NW 84TH TERRACE, PARKLAND, FL 33067 ROUEL WALKER, PRESIDENT-6161 NW 84TH TERRACE, PARKLAND, FL 33067

REGISTERED AGENT ARTICLES VI

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

CAMILLA WALKER, SECRETARY-6161 NW 84TH TERRACE, PARKLAND, FL 33067

INCORPORATOR ARTICLES VII

The name and Florida street address of the Incorporator is:

CAMILLA WALKER, SECRETARY-6161 NW 84TH TERRACE, PARKLAND, FL 33067

EFFECTIVE DATE: ARTICLES VIII

The effective date of the corporation shall be JUNE 1^{ST} , 2005

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
CAMILLA WALKER

LAMBLE WALKER

SIGNATURE/INCORPORTER

CAMILLA WALKER

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