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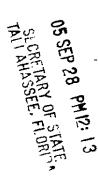
(Requestor's Name)
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COVER LETTER

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

SUBJECT: WLINITED STAFFING, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
\$70.00	rinal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	□ \$78.75	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM:	8179 NO TAMARAC City, 954-	E DORELA- (Printed or typed) RTH WIVERS Address FL 3332 State & Zip - 126-4293 elephone number	TY DRIVE ?	STALI AHASSEE, FLOR	nt cep 28 PH 12: 13	FILED

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

UNLIMITED STAFFING, INC. The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8179 N. UNIVERSITY SRIVE #89

TAMARAC, PC 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL STAFFING

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARJORIE DORBLAS 8179 N. UNIVERSITY DRIVE #89 TAMARAC, FL 33321

ARTICLE VI REGISTERED AGENT

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

MARJORIE DORBLAS 8179 N. UNIVERSITY DEVE #89 TAMARAC, PC 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARJORIE DORELAS 8179 N. UNIVERSITY DRIVE #89 TAMARAC, PC 33321

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