105000/68459

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
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COVER LETTER

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

SUBJECT: MIS	Source Consulting Co	rporation		
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00	\$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
-	& Certificate of Status	& Certified Copy	Certified Copy	
		• •	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: D	arvin Boothe			
Name (Printed or typed)				
11940 Sheldon Road				
	A	ddress		
	Tampa, FL 33626			
	City, S	State & Zip	 -,	
	010 000 0000			
	813.286.9888			

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)

FILED

ARTICLE I NAME

05 DEC 29 PM 2: 39

The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MISource Consulting Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11940 Sheldon Rd.

Tampa, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide consulting services to the staffing industry

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Darvin Boothe, President

Cory Jensen, Vice President/Treasurer

John Freeman, Vice President

Matt Spanke, Vice President/Secretary

ARTICLE VI REGISTERED AGENT

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

Darvin Boothe

10626 Tavistock Dr.

Tampa, FL 33626

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Darvin Boothe

10626 Tavistock Dr.

Tampa, FL 33626

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

| 2 | 27 | 05 |
| 5 | 5 |
| Signature/Incorporator

Date