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Examiner's Initials



March 27, 2007

LAZARUS

SUBJECT: SANTILE TEAM SERVICES CORP.

Ref. Number: W07000014956

We have received your document for SANTILE TEAM SERVICES CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 245-6928.

Letter Number: 907A00020719

Tim Burch Document Specialist New Filing Section

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEBERY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I- NAME

THE NAME OF THE CORPORATION SHALL BE:

SANTILE TEAM SERVICES CORP.

ARTICLE II- PRINCIPAL OFFICE

8531 NW SOUTH RIVER DRIVE MEDLEY, FLORIDA 33166

MAR 28 A II: 3

ARTICLE III- SHARES

1000 SHARES OF \$ 1.00

ARTICLES IV-INITIAL REGISTERED AGENT AND STREET ADD.

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

RITA M. LOPEZ 8531 NW SOUTH RIVER DRIVE MEDLEY, FLORIDA 33166.

ARTICLE V- INCORPORATION

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

8531 NW SOUTH RIVER DRIVE MEDLEY, FLORIDA 33166.

Dlaco
SIGNATURE
ARTICLE VI- DIRECTOR(S)

RITA M. LOPEZ —————PRESIDENT/DIRECTOR/SECRETARY 8531 NW SOUTH RIVER DRIVE MEDLEY, FLORIDA 33166.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLAY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE.