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SECRETARY OF STATE
ALL AHASSEF FLORIDA

D. WHITE JUL . 1 6 2007.

COVER LETTER

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

SUBJECT: AFFINITY PROFESSIONALS, INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)								
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status					
	ADDITIONAL CO	AL COPY REQUIRED						
FROM:								
	JASON CO Name 302 AR							
	Address							
	ST. AUGUST	State & Zip	52086					
	904 - 54 Daytime T	0 - 1333 elephone number						

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



June 29, 2007

JASON CODY 302 ARGUS RD ST AUGUSTINE, FL 32086 2ND MAILING

SUBJECT: AFFINITY PROFESSIONALS, INC.

Ref. Number: W07000029074

We have received your document for AFFINITY PROFESSIONALS, 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):

You failed to make the correction(s) requested in our previous letter.

The document must contain a registered agent with a Florida street address and the result of a signed statement of acceptance. (i.e. I hereby am familiar with and accept the address and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of recent it as a standing 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 Filing Section

Letter Number: 907A00040676

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

ARTICLE I NAME

The name of the corporation shall be:

AFFINITY PROFESSIONALS, INC.

FILED

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5215 SAN JOSE BLUD, SUITE 101

JACKSONVILLE FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EMPLOYEE PLACEMENTS

ARTICLE IV SHARES

The number of shares of stock is:

00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LARA B. CODY (VICE-PRESIDENT)
5215 SAN JOSE BLVD #101
JACKSONVILLE, FL 32207

JASON W. CODY (PRESIDENT) 302 ARGUS RD ST. AUGUSTINE, FL 32086

ARTICLE VI REGISTERED AGENT

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

JASON W. CODY 302 ARGUS RD ST. AUGUSTINE, FL 32086

ARTICLE VII INCORPORATOR

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

JASON W. CODY 302 ARGUS RD

ST. AUGUSTINE, FL 32086

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

Signature Incorporator

6/20/07 Date

6 12 07 Date