

Division of Corporations

P12000008785

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GARTNER BROCK & SIMON
Account Number : I19990000204
Phone : (904) 399-0870
Fax Number : (904) 399-1113

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

donna.pass@gmail.com**FLORIDA PROFIT/NON PROFIT CORPORATION****Align Talent Solutions, Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

1/25/2012 2 6 2012

ARTICLES OF INCORPORATION

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

H12000020675 3

ARTICLE I NAME

The name of the corporation shall be:

Align Talent Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9700 Phillips Highway, Suite 104
Jacksonville, Florida 32256

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Business Purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna G. Pass, President/Treasurer

Address: 9700 Phillips Highway, Suite 104
Jacksonville, Florida 32256

Name and Title: Mark G. Pass, Vice President/Secretary

Address: 9700 Phillips Highway, Suite 104
Jacksonville, Florida 32256

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Donna G. Pass


Address: 9700 Phillips Highway, Suite 104
Jacksonville, Florida 32256**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Donna G. Pass

Address: 9700 Phillips Highway, Suite 104
Jacksonville, Florida 32256

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


 Required Signature/Registered Agent

 1/25/12
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.


 Required Signature/Incorporator

 1/25/12
 Date

H12000020675 3