712000031148

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





500226133975

03/30/12--01018--007 **87.50

J. SIMER TALLAHASSEE, FLORIG

COVER LETTER

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

SUBJECT: Convergence Employee Leasing III, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$87.50 \$70.00 \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Jacob Nobles Name (Printed or typed) 3951 Baymeadows Rd Address Jacksonville, FL 32217 City, State & Zip 904-731-9014 Daytime Telephone number

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

jnobles@convergencepeo.com
E-mail address: (to be used for future annual report notification)

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

The name of the co	rporation shall be:	yee Leasing III, Inc.		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing	Mailing address, if different is:	
3	951 Baymeadows Rd	•		
	acksonville, FL 32217	<u></u>		
ARTICLE III	PURPOSE			
he purpose for wl	hich the corporation is organized is:			
 The nature 	of the business to be conducted o	r promoted and the pu	urposes of the corporation	
are to engage	e in any lawful act or activity for wh	ich corporations may l	be organized under th	
	ess Corporation Act.		_	
	nce if its corporate purpose, the Co	rporation shall have a	Il of the general and speci-	
powers rights	granted to and conferred on a consumates	rporation by the Florid	a Business Corporation A	
he number of shar	res of stock is: The total number of capital s thousand (10,000) shares of	Common Stock \$.01 par	on has authority to issue is ten value per share.	
	INITIAL OFFICERS AND/OR DIRECT			
	ile: <u>Jacob Karl Nobles</u> 3951 Baymeadows Rd	Name and Title:		
Address:	Jacksonville FL 32217	Address:		
	Jacksonville, FL 32217.			
Name and Ti	tle:	Name and Title:		
Address:		Address:		
Name and Ti	tle:	Name and Title:		
Address:				
			5 N	
	REGISTERED AGENT		2012 HAR SECRETA	
	rida street address (P.O. Box NOT acceptable) of the registered agent is:	23 3 50	
Name:	Jacob Nobles		*************************************	
Address:	3951 Baymeadows Rd		30 SSE	
	Jacksonville, FL 32217		m _C	
RTICLE VII	INCORPORATOR		AM # 35	
he <u>name and add</u>	ress of the Incorporator is:			
Name:	Jacob Nobles		<u>මිළි</u>	
Address:	3951 Baymeadows Rd Jacksonville, FL 32217		<i>></i>	
	Jacksonville, FL 32217			
laving been name	ed as registered agent to accept service of pro-	cess for the above stated corp	poration at the place designated in	
ils certificate, I an	n fumiliar with and agcept the appointment as	registered agent and agree to	uet in this capacity	
(II. John		2 27	
<u>-+-1</u>	pur v		_3.27-12	
	Required Signature/Registered Agent		Date	
submit.this docur ocument to the De	ment and affirm that the facts stated herein eportment of State constitutes a third degree fel	are true. I am aware that the lony as provided for in s.817.1	e false information submitted in a 155, F.S.	
′ / <i>I</i>	Ille -			
- t ~ 1	1010		3-27-12 Date	
/	Required Signature/Incorporator		Date	