P95000/4504 TRANSMITTAL LETTER

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

> COCOO 1424500 -03/03 9%-0002-003 -++++73.7%-++++78.75

SUBJECT: Confederated STAFFING, INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

[¹\$70.00

\$78.75

122.50

\$131.25

Filing Fee

Filing Fee & Certificate

Filing Fee & Certified Copy Filing Fee, Certified Copy & Certificate

FROM

Name (printed or typed)

16559 VILLAGE GREEN DA N

Jacksonville, FL 32234 City, State & Zip

904 721 9346

Daytime Telephone number

50/5

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

ARTICLES OF INCORPORATION

SELVETARY OF STATE
DIVISION OF OF AN INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Confeder ATED STAFFING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

16559 VILLAGE GREEN DIL. N JACKSONVILLE, FL 31234

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: l, $o \circ \circ$

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jimmie W. GHOURLEY 16559 VillaGE GREEN Dr. N. Jacksonville, FL 32234

ARTICLE V INCORPORATOR(S)

| The name(s) an tion is(are): | f street address(es) of the incorporator(s) to these Articles of Incorpora |
|---------------------------------|--|
| | JIMMIE W. GHOURLEY 16559 VILLAGE GREEN DR N TACKSONVILLE FL 22234 |

| The undersigned incorporator(s) has(have) executed these Articles of Incorporation this |
|---|
| GTH day of Manch 1995. |
| June W Shourley |
| Signature |
| Signature |

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is: Confederated Stafful, Inc. |
|----|---|
| | |
| 2. | The name and address of the registered agent and office is: |
| | Jimmie W. GHOURley |
| | 16559 VILLAGE GREEN DR N (P.O. Box not acceptable) |
| | JACKSON VI!le FL 32234 (City/State/Zip) |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position

(Signature)

(Signature)

(Date)