P95000045832

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

200001508202 -06/08/95--01037--006 *****70.00 *****70.00

| Enclosed is an origina for : \$\forall \$70.00\$ Filing Fee | l and one (1) co \$78.75 Filing Fee & Certificate | \$122.50 Filing Fee & Certified Copy Additional Copy | \$131.25 Filing Fee, Certified Copy & Certificate | 95 JUH-7 PM 4: 56 SECRETARY OF STATE TALLAMASSEE. FLORIDA | | |
|---|---|--|---|---|--------------|--|
| FROM: | Ed Cu Name | (printed or ty, ed) | mit Heal | th lare | | |
| | 1975 E | E. Surrese | <u> 3/ul</u> | #615 | _r, <u>J</u> | |
| Ff. Louderdale FT 33304 | | | | | | |
| | (3025) | 522-77 | 2/0 | | | |

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

ARTICLES OF INCORPORATION

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:

Summit Staffing Inc.

ARTICLE II PRINCIPAL OFFICE

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

1975 E. Surrise Blue Ff. Lauderdale, F/ 33304

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one-gime is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS 5. The name and address of the initial registered agent is:

Ed C. Cwieta 600 SW 96 Ave Pembrote Pines, Fl 33025

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ed C. Cwieta 600 Sw 96 Are. Pembrote Pines, F1 33025

95 JUH -7 PH 4:5

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

| 1. The name of the corporation is: | Summit | Staffin | Inc |
|------------------------------------|--|-----------|-----------|
| | stered agent and office is: (NAME) | TALLAHASS | 95 JUN -7 |
| (P.O. B | SW 96 X ox or Mail Drop Box NOT ACCEPT + | ABLE) | OF STAIL. |

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 as registered agent.

(SIGNATURE)

Date 6, 1995