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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassae, FL 32314	። ‡ ሺ ቀጠ/ነፃ, 64, 1 ታ ፈላገል ነር ይደታው • ሀ/ተራሚያል የነው፦ 1,11037 ↔ 1,001 ቀ ቀቀቀቀ ለዩኒ ሲኒ ፡ ቀቀቀቀቀ ለዩኒ ለኒ				
	name - must include suffix)				
Enclosed is an original and one (1) co for : \$70.00 \$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee & Certified Copy & Certificate Additional Copy Required				
FROM: Jerelyn Ekholm Name (printed or typed) 16/39 Emerald Cove Road Address Fort Lauderd ale F/ 3333/ City, State & Zip 954-389-9927					
Daytime	Telephone number AL APR 1 0 1995				

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

FILED

ARTICLES OF INCORPORATION

96 APR -5 PH 1: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

On. Line Personnel SORVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

10242 NW 47TH ST SUITE 44 SUNRISE FL 33351

ARTICLE III SHARES

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

100

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

Jerelyn E Kholm 16139 Emer Ald Cove Rd Fort Lauderdale, F/

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);

JERELYN EKHOLM 16139 EMERALD COUB RU FT LA-UPERDALE FL 33331

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
1 ST day of APRIL , 19 96.
(An additional article must be added if an effective date is requested.)
Jeulyn Chlaem. Signature
Signature
Signature

Notarization is not required

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	On-Line	Per sonnel	Services INC.
2.	The name and address of the regis	stered agent and office is:		96 J
	JERE	LYN EKHOLII (NAME)		THE THE
	/6/39 (P.O. Bo	EMERALD COVE ox or Mail Drop Box NOT ACC	CEPTAIN.E)	H : 34
	FORT	LAUNGROALE (CITY/STATE/ZIP)	FL 33331	7

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.

Jeulyn Chlaem 4/1/96 (SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314