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TALLAMASSEE FLORIDA

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

SUBJECT: Quality Plus Staffing Service, The.
(Proposed corporate name - must include suffix)

#70.00 Filing Fee	#78.75 Filing Fee & Cerdificate	\$122.50 Filing Fee & Certified Copy Additional Cop	#131.25 Filing Fee, Certified Copy & Certificate by Required	
FROM:		Pus Staffing S	ervice	
	410 Rya	Address		. د ا
	Part Cha	wlotte FL. ity, State & Zip	33954 10 1	Mao.
	941-7 Daytim	43 - 4465 Telephone number	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PA

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

#### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

Quality Plus Staffing Service, INC.

#### ARTICLE II & PRINCIPAL OFFICE

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

410 Ryals Street Port Charlotte, FLorida 33954

#### 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:

Jan Kimberly Clears
410 Ryals Street
Port Charlotte, PL.
33954

### 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):

Jan Kimberly Cleaves 410 Regals Street Post Charlotte, PLossida 33954

John David Cleaves 410 Ryals Street Port Charlotte, Florida 33956

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of August, 1996.

(An additional article must be added if an effective date is requested.)

Jan K- Cleaves Prender

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

1. The name of the corporation	: Quality Plus Staffing Service, Inc.
2. The name and address of the	e registered agent and office is:
Jan K.	Cleaves (Agend) (NAME)
410 R	ANS Street (office)
entli	anlotte Glorida 33954

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)