TRANSMITTAL LETTER

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

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SUBJECT:

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

\$70.00 Filing Fee \$78.75

Filing Fee

& Certificate

□\$122.50

□ \$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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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:

The Placement Place Inc

ARTICLE II PRINCIPAL OFFICE

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

III Westwood Dr. Tallahassee, FC 32304-1409

ARTICLE III SHARES

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

_)

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

Brad Ray 111 Westwood Dr Tall, FC 32304

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):

Brad Ray 111 Westwood Dr Tall.FC 32304

Eric Edmunds III Westwood Dr Tall., FC 30304

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

<u>day of NSV</u>, 19 9(e.

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

Bred M. Ran Signature

Signature

Comundo

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:	The	Placement	Place	<u>In</u> c
2. The name and address of the reg	istered agent	and office is:		 DIV S
Bec	of be	lame)		SIGN OF BERNELLE
\\\\\((P.O.)\)	West 30x or Mail Drop	BOX NOT ACCEPTABLE)		CORPORAL CORPORAL
Tall F	CITY/S	SD304): 18

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)