CORPORATE ACCESS, 1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303 INC. P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666 CERTIFIED COPY (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #) 4.) (CORPORATE NAME & DOCUMENT #) 8.) (CORPORATE NAME & DOCUMENT #) (CORPORATE NAME & DOCUMENT #)

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10.) (CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS\_

ARTICLES OF INCORPORATION

97 FEB 13 PH 12: 29

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:

Drug Screen Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

114 Eleventh St. P.O. Box 1117 Bloomstown, Fr. 32424

ARTICLE III SHARES

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

1000

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

Peggy S. Pote

114 Eleventh St.

Blountstown, Fl. 32424

## 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):

Peggy S. Pate 114 Eleventh St. Blowntstown, A. 32424

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

13 day of February , 19 97

Signature

Signature

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

## CERTIFICATE OF DESIGNATION OF FOR 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:                             | Drug                             | Screen | Services                               | Inc. |
|--|----------------------------------|--------|--|------|
|  |                                  |        | · · · · · · · · · · · · · · · · · · ·  |      |
| 2. The name and address of the registered agent and office is: |                                  |        |  |      |
| Peggi  | S. Pote<br>(NAME)                |        | ······································ |      |
|  | Eleventh<br>Box or Mail Drop Box |        | <del>.)</del>                          |      |
| Bloomtet   | OWN, A.                          | 32494  |  |      |

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.

Pagen S. Pota 2-13-97 (DATE)