# P9700016295 TRANSMITTAL LETTER

ONSECRETARISED

97 FEB 20 PINZ: 35

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

200002093372--5 -02/20/97--01074--017 \*\*\*\*182.50 \*\*\*\*122.50

SUBJECT: Emphyment boudence Systems, lac

	sed is an origina	py of the articles of incorporation and a check	
for :	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50
	FROM:		Additional Copy Required  CCRPCRATION  (printed or typed)
		Fort	Address  Walter Beach (2 3254)  ty, State & Zip
			863-2000 Telephone number

MINU III

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:

Employment boidance Systems, INC.

ARTICLE II PRINCIPAL OFFICE

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

11 Pace-tack Pond Suite C-3 Fort Walton, Beach, EL 32587

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  $QO_{\ell}OOO$ 

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

Richard M. Reynolds

11 Retach Road

Site C-3

Fort Walton Beach, EC 325-47

#### 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):

Rubard M. Reynolds
11-Roce totch Reports
Svite C-3
Fort Walten Beach, FC 320-47

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

20 day of Februay , 19 97.

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

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.

The name of the corporation is:	Employ ment	Couchane Systems	lor.
	<del></del>		-

2. The name and address of the registered agent and office is:

(NAME)

(NAME)

(NAME)

(NAME)

(P.O. BOX OF Mail Drop BOX NOT ACCEPTABLE)

Fort was for Beter (2 32587)

(CITY/STATE/ZIP)

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) 2-20-67 (DATE)