797000025516

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

SUBJECT:	Out Source Proposed corpore	ate name - must include suf	Inc.	
	` • •		0 00021158 5 -03/18/9701026	55 601 ***78
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	OPY REQUIRED	
FROM:	Name (Printed 1 22 A+1 and Addre	tic Aue.	97 MAR 17 AH 9: 18 SECRETARY OF STATE TALLAHASSEE. FLORIDA	TILED
	City, State	& Zip	TT3-0 0m 8	
3 21 97 -	Daytime Teleph	2- 429- 96 none number	90	

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:

OUTSource Onl, Inc.

ARTICLE II PRINCIPAL OFFICE

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

122 Atlantic Ave

MASCOHe, Fl. 34753

ARTICLE III SHARES

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

400

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LORI A. Roberts

122 Atlantic Ave

MASCOHE, FL 34753

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):

LORI A. Roberts
122 Atlantic Ave
mascotte, FL 34753

KAITLIN Dewhurst 132 MAIN St Box 98 Rutland, Dh 45775

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

28 day of <u>February</u>, 19 97

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

Signature

Cionatura

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

FILED
97 MAR 17 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 OUTSOURCE ONE, Inc.				
2. The name and address of the registered agent and office is:				
LORI A. Roberts				
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)				
Mascotte FL 34753				

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.

GIGNATURE) 28 GB 97