TRANSMITTAL LETTER

P98000096108

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

600002685436----8 -11/12/98--01028--009 ******78.75 ******78.75

SUBJECT: Kelly's Complete Turnover Services, Inc.
(Proposed corporate name - must include suffix)

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

FROM: Edward V. Kelly, III

Name (Printed or typed)

7402 Bay DRIVE

Tampa, FL 33635

(813) 855-5148

Daytime Telephone number

TALLAHASSEE, FLORIDA

12 AM 9: 42

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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The name of the corporation shall be:

Kelly's Complete Tornover Services, Inc.

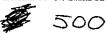
ARTICLE II PRINCIPAL OFFICE

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

7402 Bay Drive Tampa, FL 33635

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 Florida street address of the initial registered agent are:

Edward V. Kelly, III 7402 Bay Dr. Tampa, FL 33035

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Edward V. Kelly, III 7402 Bay Dr. Tampa, FL 33635

Signature/Incorporator

11/09/98

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

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/Registered Agent

11 /09 /98 Date