744000000316

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

900002733519----01/07/99--01077--006 ******78.75 ******78.75

SUBJECT:	Metro	Referral	Services,	INC.	
	(Proposed corporate name - must include suffix)				

Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Cariton Whit	inted or typed)	
	1201 Hollow F	one DR	99 JAN SECRETA TALLAITA
	Oviedo F	-L 327	SSEE, FLO

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

Daytime Telephone number

359-9071

TOP

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming $\overset{3}{a}$ corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Metro Referral Services, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: MANING ADDRESS: 5840 Red Bug LAICE RD POB! 1201 Ha SHAPES The number of shares of stock that this corporation is authorized to have outstanding at	Now Pine #dR. The Better than the state of
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD	RESS
The name and Florida street address of the initial registered agent are: CAPITON WINTE TR 1201 Hollow Pine DR OULDO FL 32765	99 JAN SECRETA
The name and address of the incorporator to these Articles of Incorporation are: CANTON White, JR 1201 Hollow Fire DR OVICOO, FL 32765	-7 PH 2: 06 RY OF STATE SSEE, FLORIDA
Cwhish. 1/6/99 Signature/Incorporator	Date

(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

Date