

6330 46 <sup>th</sup> St. N. Unit 104 Pinellas Park, Fl 33781 Phone 727-527-6991 Fax 727-525-0038	SECRETAGY OF TALLED  Office Ise OF TALLED  WENT NUMBER(S), (if known):
1 (Corporation Name)	Roll Staffing (Document#)
2(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)  Walk in Pick up time	(Document #)  Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS  Profit  Not for Profit  Limited Liability  Domestication  Other	AMENDMENTS -02/22/99-01105-005 -02/22/99-01105-005 ****122.50 *****78.75  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other ☐ Other

Examiner's Initials

## ARTICLES OF INCORPORATION Of

	TAT 33S	99
(name of corporation)	AH. AH.	833
The undersigned subscribers to these Articles of Incorporation, natural persons comp	etentio	22
contract, hereby form a corporation under the laws of the State of Florida.	E 9	
ARTICLE I – CORPORATE NAME	STATE	PN 12: 02
The name of the corporation is: $lock-N-Roll STAFF$	ing.	<u>/n</u>
ARTICLE II - DURATION		-
This corporation shall exist perpetually unless dissolved according to Florida law.		
ARTICLE III – PURPOSE		
The corporation is organized for the purpose of engaging in any activities or business under the laws of the United States and the State of Florida.	permitt	ed
ARTICLE IV – CAPITAL STOCK		
The corporation is authorized to issue shares (500) of Dollar(s) (\$_1.00) par value Common Stock, which shall be designated "Common Stock, which shall be designated "Common Stock, which shall be designated to issue	on Shar	es."
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT	•	
The Principal office, If known, or the mailing address of the corporation is:		
NAME Lack-v-Roll Statfing luc.		
ADDRESS 6330-46 St. N. UNIT 104		
CITY Pristles PORK STATE FL. ZIP	<u> 378</u>	7/
The name and street address of the Initial Registered Agent of this Corporation is:		
NAME_BRUCE A. LAMBERT.	estCost o	<u> </u>
ADDRESS 6450 GULFFORT BLUD, SO.	,	
CITY GULF PORT STATE FL. ZIP	33%	07

## ARTICLE VI- INITIAL BOARD OF DIRECTORS

This corporation shall have <u>These</u> (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The names and addresses of the initial directors of the corporation are as follows.	
NAME KOONBY O MORES SK.	‴le de Mein
ADDRESS 7755 FARAHAM CF.	· Parantanana.
CITY St. Petersburg STATE FL ZIP 33709	
NAME CAROLL B. TURNOR	e i i i iii
ADDRESS 1718 Bay Short ORIVE	. ee ayaa w
CITY TERRA CEIN STATE FL. ZIP 34250	<u>.</u>
NAME BRUCE A. LAMBERT	. votist <b>a</b> i
ADDRESS 6450 GULF PORT BLVD. SO.	. h. a.s Allen
CITY Golfort STATE FL. ZIP 33707	
ARTICLE VII- INCORPORATORS	
AMTICLE VII- INCOM OMITOMS	
The names and addresses of the incorporation signing these Articles of Incorporation are as follows:	
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The names and addresses of the incorporation signing these Articles of Incorporation are as follows:	
The names and addresses of the incorporation signing these Articles of Incorporation are as follows:  NAME Ladrey O. Morre St.	· · · · · · · · · · · · · · · · · · ·
The names and addresses of the incorporation signing these Articles of Incorporation are as follows:  NAME Ladricy O. Marks St.  ADDRESS 7755 Falsham G.	to the defendance of the control of
The names and addresses of the incorporation signing these Articles of Incorporation are as follows:  NAME Ladricy O. Morre St.  ADDRESS 7755 FALSHAM OF.  CITY St. fatsechung STATE FL. ZIP 33709  NAME CARROLL B. LUNGE	n inggræs Ings Ings Ings Ings Ings Ings Ings Ing
The names and addresses of the incorporation signing these Articles of Incorporation are as follows:  NAME Ladricy O. Morre St.  ADDRESS 7755 FALSham St.  CITY St. fatsesburg STATE FL. ZIP 33709  NAME Colle B. LURNER  ADDRESS 1718 Bay chare Of.	in an
The names and addresses of the incorporation signing these Articles of Incorporation are as follows:  NAME Ladricy O. Morre St.  ADDRESS 7755 FALSham Pt.  CITY St. Latersburg STATE 12. ZIP 33709  NAME CARROLL B. LURNER  ADDRESS 1718 Bay chars Dr.  CITY LARA CEIN STATE 11. ZIP 34250	Same and the second of the sec
The names and addresses of the incorporation signing these Articles of Incorporation are as follows:  NAME Ladray D. Mark L.  ADDRESS 7755 Falsham Pt.  CITY St. Later L. ZIP 33709  NAME CARE I B. LURVER  ADDRESS 1718 Bay chars Dt.  CITY Later Coin State L. ZIP 34250  NAME Loca A. Lambert	Company Compan
The names and addresses of the incorporation signing these Articles of Incorporation are as follows:  NAME Ladricy O. Morre St.  ADDRESS 7755 FALSham Pt.  CITY St. Latersburg STATE 12. ZIP 33709  NAME CARROLL B. LURNER  ADDRESS 1718 Bay chars Dr.  CITY LARA CEIN STATE 11. ZIP 34250	

IN WITNESS WHEREOF, the undersigned Incorporation this day of	subscriber(s) have executed these Articles of <i>EURE</i> , 1999.	
Heather Lynn Staggs MY COMMISSION # CC718814 EXPIRES February 22, 2002 BONDED THRU TROY FAIN INSURANCE, INC.	(Seal)	an the Harman Street
	(Seal)	on and the second second
	(Seal)	ধ্য প্রাচার বুল্ল <del>কার ক্রিক্র</del>
STATE OF FLORIDA		
COUNTY OF Penellas	<del>ande</del> r i kalendar ekonomi i menin i ekandar biru alam biruk iku kalendar i ekonomi i ekonomi i ekonomi i ekonomi i	وروائع منافعة
Before me, a Notary Public authorized to take forth above, personally appeared:	e acknowledgements in the State and County set	
Bu a famut	OL .	コーセット g pro nore og gagesamanngmy
Signature 00 13 114 444	Form of Identification	The second second second
Signature /	Form of Identification	· · · · · · · · · · · · · · · · · · ·
Signature	Form of Identification	عالم المنظلة المنظمة ا المنظمة المنظمة
known to me and known to be the person(s) incorporation, who acknowledged before me Incorporation, that I relied upon the form so indicated opposite each name, and that an oar	that Parkens executed these Articles of of identification of the above named person s as	· . ·
	Witness my hand and official seal in the County and State last aforesaid this	
Heather Lynn Staggs MY COMMISSION # CC/18814 EXPIRES February 22, 2002 BONDED THRU TROY FAIN INSURANCE, INC.		
	notary signature  Heather L. Staggs  printed notary signature	

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

Lock-N-Roll Staffing luc	
(name of corporation)	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted. The above corporation, desiring to organize under the laws of the State of Florida wat its registered office as indicated in the Articles of Incorporation at Source August 1336/3.  has named Source August 1336/3.  has named Rocal August 1336/3.	99 FEB 22 PM 12: 02
within this state	}

## **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)