P990 (RANMITTALLETTER) (05)

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

100002932251--7 -07/15/99--01057--014 *****78.75 *****78.75

SUBJECT: Ab		Lical Star ate name - must include sur	ffing, I	<u>r</u> c .
Enclosed is an original	al and one(1) copy of the articles	of incorporation and a c	check for :	l
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	■ \$131.25 Filing Fee, Certified Copy & Certificate	
Close O. McInt	Plantation Plantation City, S (954) 581-4771 (Sh GAVE	ADDITIONAL CO 1 Super Just 1 State & Zip Pager 1 Super Pager	SECRETARY OF STATE TALLAHASSEE, ELORIDA	Will project "
CORRECT NAME DATE 122	······································			
DOC. EXAM JOS N	OTE: Please provide the ori	ginal and one copy of	the articles.	

The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRE JARY OF STATE TALLAHASSEE, FLORIDA

ART	ICLE I	NAME

The name of the corporation shall be:

Abund	ant	Medical	Staffing, Inc.
RTICLE II			
4			1 11 1

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

Plantation	1156	
1 man latte on	Florida	33318

ARTICLE III SHARES

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

1000 Shaves

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

THE HUMING AND I TOTAL STOCK BUILDS OF THE HIM	ai registered agent are.
Glive O. M& Intos	h
KO BOX 100	4164 INVERTARY Dr # 415
12000	Lauderhill El 33319

ticles of Incorporation are:

ne <u>name and addr</u>	ess of the incorp	orator to these An
Clive O.	MEIN	tash
$Y(0)$ A_{nic}	10.10-1	• • •
Plantat	ion Fl	33318
01	6	
Nest a	XYO	

Signature/Incorporator

(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