

TRANSMITTAL LETTER

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

500002947275--5  
-08/02/99--01066--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Talent Solutions 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 of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Peter L. SUGDEN  
Name (Printed or typed)

220 Seminole Ave  
Address

VALPARAISO, FL 32580  
City, State & Zip

(850) 678-7033  
Daytime Telephone number

FILED  
99 AUG -2 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**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.*

**Article I      Name**

The name of the corporation shall be: Talent Solutions Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: (Principal) 220 Seminole Ave. Valparaiso, FL 32580      (Mailing) PO Box 264 Valparaiso, FL 32580

**ARTICLE III   SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500,000.

**ARTICLE IV    INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is: Peter L. Sugden, 220 Seminole Ave. Valparaiso, FL 32580

**ARTICLE V    INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is: Peter L. Sugden, 220 Seminole Ave. Valparaiso, FL 32580

\_\_\_\_\_  
Signature/Incorporator      7/29/99  
Date

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 the 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      7/29/99  
Date

FILED  
99 AUG -2 AM 9:50  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE