TRANSMITTAL LETTER

P99000073463

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

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SUBJECT:		PESOURCE: posed corporate name - must	include suffix)	OF STATE	FILED 99 AUG 12 AM 7: 29		
	,		nion and a check to	J1 .			
☐ \$70. Filing F			d Copy Certi	g Fee, ified Copy ertificate of			
FROM: Kimbery G. CARR Name (Brinted or typed)							
	585	AVON GLA	DE PL	—and seem of the seems of the	₹1 28 . - .		
SAN FORD, FL 3277/ City, State & Zip							
407.302-5350							

F. CHESTAR AUG 1 8 1999

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

Daytime Telephone number

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:		
CAREER RESOURCES, INC.		
OMITER MEDOUNCES, INC.		
· · · · · · · · · · · · · · · · · · ·		
ARTICLE II PRINCIPAL OFFICE	50	
The principal place of business and mailing address of this corporation shall be:	A	
585 Avon Glade PL	- ترق	-
Signal PL,	2	Ë
Sanford, FL 32771	<u>></u>	
ARTICLE III SHARES		
The number of shares of stock that this corporation is authorized to have outstanding at any one time	is.N	
· · · · · · · · · · · · · · · · · · ·	ω.ω	
100 Shares		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS		
The name and Florida street address of the initial registered agent are:		
Kimberly G. Carr 585 Avon Glade PL		
585 Avon Glade PL,		
ARTICLE V INCORPORATOR Sanford, FL 3 2771		
The name and address of the incorporator to these Articles of Incorporation are:		
Kingle G Care		
Kimberly G. Carr 585 Avon Glade PL.		
Sanford, FL 32771		
Kinkerly G. Can 8/9/99		
Signature/Incorporator Dete		—
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