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COVER LETTER

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

SUBJECT: True Professional Staffin	g, Inc.	<u></u>		
(PROPOSED CORPORATE PROPOSED PROP	te name – <u>must incl</u>			
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	**\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM: True Professional Staffing, Inc.				
1730 SW 99 CT	(Printed or typed)	<u> </u>		
Miami, FL 33165	State & Zip			
(786)426-1066 Daytime To	elephone number	·		

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

True Professional Staffing, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1730 SW 99 Ct Miami, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Evelyn Luciani - President 1730 SW 99 Ct Miami, FI 33165

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Evelyn Luciani 1730 SW 99 Ct Miami, FL 33165

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Evelyn Luciani 1730 SW 99 Ct Miamí, FL 33165

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Date

O4/11/06

Date

O4/11/06

Signature/Incorporator

Date