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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Rick up time 2.00 Certified Copy Photocopy Will wait Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger REGISTRATION/QUALIFICATION

Foreign

Reinstatement Trademark Other

Limited Partnership

Examiner's Initials

Walk in

Mail out

NEW FILINGS

Not for Profit

OTHER FILINGS

Annual Report

Fictitious Name

Profit

Other



The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

COMPleTE STAFFING Solutions Inc.

ARTICLE II - PRINCIPAL OFFICE

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

2000 NOYTH DIVIE HOW SUIT # 2 LAKE WOYTH F/A 33460 ARTICLE III-SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jorge L Escalante 59 W 8ST AP 3 HIALEAH FLA 33010

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

Incorporation is:
Incorporation is: I orge J. Esealante 59 W 8 ST AP 3 HIALEAH F/A 33010
The undersigned incorporator has executed these Articles of Incorporation this 8 day of AUGUST 2006. Signature
ARTICLE VI- DIRECTOR (S)
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): Jorge J. Escalante (P) 59 W 85T AP 3 HiAleAH F/A 33016
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this

Registered Agent Signature

capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.