PHO00003461

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

400003088994--9 -01/05/00--01855--014 *****70.00 ******70.00

Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a cl	heck for :
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Pau A.da	ADDITIONAL COP	
FROM:	Name (Pr	Maror DA. Address	FILED M 8: 07 ALLAHASSEE, FIORIS
	Venice ?	FLorlda 34° State & Zip	285 置富
	941. 483-92 Daytime Te	12 941-4	85-5599

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

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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:
Labor Consulling Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
25 GULF Manor DR.
Valida Telasida zura
Venice, Florida 34285
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ONE Thousand.
CIOS MOUSANG.
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Parl Andrew Horobec
25 GULF Marior IDR
25 Gulf Manor DR Jenice Florida 34285 ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Pari A. Hoobec
25 Gult Hanor, DR
Penice Florida 34285/
1.3-2000
Signature/Incorporator Date
(Au additional autological algorithm of the control
(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 is registered agent

Signature/Registered Agent Date