

P00000030078

TRANSMITTAL LETTER

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

SUBJECT: NARITAS GROUP, INC.
(Proposed corporate name - must include suffix)

600003175656--8
-03/20/00--01084--002
*****78.75 *****78.75

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: NICK M. RISCIGNO
Name (Printed or typed)

11223 CLAYRIDGE DRIVE
Address

TAMPA, FL. 33635
City, State & Zip

(813) 855-3711
Daytime Telephone number

FILED
00 MAR 20 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch MAR 24 2000

FILED
00 MAR 20 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NARITAS GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11223 CLAYRIDGE DRIVE
TAMPA, FL. 33635

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EMPLOYMENT AGENCY

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

NICK M. RISCIGNO
11223 CLAYRIDGE DRIVE
TAMPA, FL. 33635

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

NICK M. RISCIGNO
11223 CLAYRIDGE DRIVE
TAMPA, FL. 33635

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

NICK M. RISCIGNO
11223 CLAYRIDGE DRIVE
TAMPA, FL. 33635

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

Signature Incorporator

Date

Date