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To:
Division of Corporations
Fax Number : (850) 922-4001

From:
Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 358-7832

FLORIDA PROFIT CORPORATION OR P.A.

EASTERN WORK FORCE, INC.

Certificate of Status	0
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Articles of Incorporation

Article 1: Name of Corporation: **EASTERN WORK FORCE, INC.**

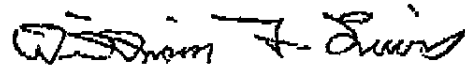
Address of Corporation: **4239 NORTHLAKE BOULEVARD, SUITE D
PALM BEACH GARDENS, FLORIDA 33410**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **1,000**, with a par value of **OMIT**.

Article 3: REGISTERED AGENT: **WILLIAM F. LEWIS**

REGISTERED OFFICE: **4239 NORTHLAKE BOULEVARD, SUITE D
PALM BEACH GARDENS, FLORIDA 33410**

*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.



Signature of Registered Agent

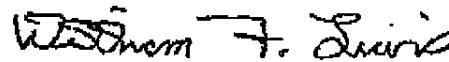
Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

- 1.
- 2.
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**WILLIAM F. LEWIS
4239 NORTHLAKE BOULEVARD, SUITE D
PALM BEACH GARDENS, FLORIDA 33410**

In witness whereof, I have subscribed my name:



Signature of Incorporator

H00-36060