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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone

: (305)599-0839

Fax Number

: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

CORPORATE STAFFING RESOURCES INC

Certificate of Status	0
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ARTICLES OF INCORPORATION OF

CORPORATE STAFFING RESOURCES INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE ! NAME

The name of the corporation shall be:

CORPORATE STAFFING RESOURCES INC

The principal place of business of this corporation shall be: 9360 s.w 30 Terr Miami Fl 33165

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

1,000 Shares \$ 1.00 Per Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer (s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ALFREDO CUELI 9360 S.W 30 Terr Miami Fl 33165

Pres/Sew/ Trea.

AUG 15 PM 3: 50 CRLTART OF STATE LAHASSEF, FLORIDA

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

ALFREDO CUELI -

9360 S.W 30 Terr Miami Fl 33165

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 14 day of August 2000

Signature(s) of incorporator(s)

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

7. The name of the corpora	tion:		ı
CORPORATE STAFFING RESOUR	RCES INC		
2. The name and address of office is: ALFREDO CUELI	f the reg	istered age	
9360 S.W 30 Terr	•		OO A
(P.O. BOX N	OT ACCE	PTABLE)	A F F F F F F F F F F F F F F F F F F F
Miami Fl 33165	•		ARY DI ASSE
(CITY)	/STATE/ZIP		D 3: 50 FLORIDA
	SIGNA	TURE -	<i></i>
	TITLE -	President	
	DATE_	August 14,2	000
HAVING BEEN NAMED TO ACC ABOVE STATED CORPORATION, CERTIFICATE, I HEREBY AGREE FURTHER AGREE TO COMPLY WI' RELATIVE TO THE PROPER AND DUTIES, AND I ACCEPT THE DU 607.325, FLORIDA STATUTES.	AT THE F TO ACT TH THE PR COMPLITIES AND	PLACE DESIGN IN THIS CAP ROVISIONS OF ETE PERFORM OBLIGATION	NATED IN THIS ACITY, AND I ALL STATUTES ANCE OF MY