

TRANSMITTAL LETTER

P00000109125

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

SUBJECT: CASLAS TEMPS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: BENJAMIN O. AKINOLA
Name (Printed or typed)

P.O. BOX 245553
Address

PEMBROKE PINES FL. 33024
City, State & Zip

954-494-8177 OR 305-679-6505
Daytime Telephone number

500003472315--0
-11/21/00--01035--013
*****78.75 *****78.75

FILED
00 NOV 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Benjamin GAVE

AUTHORIZATION BY PHONE TO

CORRECT Act 4

DATE 11/27

EXAM. SeB

SeB
11/27

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:

CASLAS TEMPS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7281 NW 37 ST. HOLLYWOOD FL. 33024
P.O. BOX 245553 PEMBROKE PINES FL. 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
EMPLOY TEMPORARY LABOR WORKERS.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

BENJAMIN O. AKINOLA - DIRECTOR

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BENJAMIN O. AKINOLA
7281 NW 37 STREET-D6
HOLLYWOOD FL. 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BENJAMIN O. AKINOLA
7281 NW 37 STREET-D6
HOLLYWOOD FL. 33024

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

B. Akinola
Signature/Registered Agent

11/16/2000
Date

B. Akinola
Signature/Incorporator

11/16/2000
Date

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00 NOV 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA