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

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SUBJECT: Hospitality Employment Group, Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for:	—		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Co & Certificate Status PY REQUIRE	e of		
FROM: Marie Anne Le Blanc Name (Printed or typed)						
2033 Main St. Ste 310 Address				SECRET	00 DEC 12	manjanja
	Sarasota, Flo	rida 34237 State & Zip		NAY OF STAT	2 AM 8:5	
	941-954-5563 Daytime Te	lephone number	<u></u>	¥m	55	

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

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:

Hospititality Employment Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2033 Main St/. Ste 310 Sarasota, Florida 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for Business Staffing needs.

Provider of Temporary LAb

EC 12 AM 8: 55
RETARY OF STATE

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Marie Anne Le Blanc 7445 Featherstone Blvd Sarasota, Fl 34238 Carl Gabriel Le Blanc 2212 Shadow Lakes Dr. Sarasota, Fl 34238

ARTICLE VI REGISTERED AGENT

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

Marie Anne Le Blanc 7445 Feathersone Blvd Sarasota, Fl 34238

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Marie Anne Le Blanc 7445 Feathersone Blvd Sarasota, Fl 34238

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agen

Signature/Incorporator

Date

Date