TRANSMITTAL LETTER

P01000041522

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

Tallahassee, FL 323	14		•		
SUBJECT:	HDOL WORK		DE SUFFIX)		
10004043811 — 0 -04/23/01-01076-026 ******70.00 ******70.00 Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
Á \$70.00	☐ \$78.75 Filing Fee	□ \$78.75 Filing Fee	\$87.50 Filing Fee,		
	& Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status PY REQUIRED		
FROM: DOLGAIMER NIKOLAI Name (Printed or typed)					
		ONROY Rd	#1		

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

Daytime Telephone number

ADOL WORKERS, Inc.	01 APR 23 AM SECRETARY OF TALLAHASSEE F	STATE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
The principal place of business/mailing address is: 5507 Conroy Rd #1 Orland	on F4 32811	_
5507 CONRUY RU #12 WAZAWA		•
ARTICLE III PURPOSE The purpose for which the corporation is organized is: TEMPORARY WORKERS		
ARTICLE IV SHARES The number of shares of stock is: 1.000 (ONE THOUSAND) THE PAR NALL U	TE OF EACH ST	OCK: \$0.
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):		
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Spiriolowova NATALIA 5507 Conroy RO #1		-
ORLANDO. FL 32811	•	-
ARTICLE VII INCORPORATOR		*
The name and address of the Incorporator is:		
DOLGAIMER NIKOLAI		
SSOF CONROY RO #1		
ORLANDO. FL 32811	، خواه خواه خواه خواه خواه خواه خواه خواه	ילור ילור חלר חלר חלר חלר חלר חלר חלר חלר

certificate Jum familiar with and accept the appointment as registered agent and agree	e to act in this capacity	
OP SPIRIDONOVA WATALIA	4/16/01	-
Signature/Registered Agent	Date	
The / DOLGAIMER NIKOLAI	4/16/01	
Signature/Incorporator	Date '	

01 APR 23 AM 9: 12

ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

ARTICLE I

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)