TRANSMITTAL LETTER

P01000058712

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

SUBJECT: PRO-ACTIVE STAFF LEASING, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

800004398168--9
-06/12/01--01016--018
*****70.00 *****70.00

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: MATHEW SOLOFF
Name (Printed or typed)

224 NW 1 AVE
Address

HALLANDALE, FL 33009
City, State & Zip

954-454-1800
Daytime Telephone number

2001 JUN 11 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

6/13/01

ARTICLES OF INCORPORATION

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

2001 JUN 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PRO-ACTIVE STAFF LEASING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

224 NW 1 AVE, HALLANDALE, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 100

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:

MATTHEW SOLOFF
224 NW 1 AVE
HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

MATTHEW SOLOFF
224 NW 1 AVE
HALLANDALE, FL 33009

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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

Signature/Registered Agent MATTHEW SOLOFF — Date 6-6-01

Signature/Incorporator MATTHEW SOLOFF — Date 6-6-01