

*FD19000 85069*

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**LAZARUS CORPORATE FILING SERVICE**

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CUTTING EDGE STAFFING SERVICES, INC.  
 (Corporation Name) (Document #)

300004589250-4  
 -08/28/01-010541-011  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

2. \_\_\_\_\_  
 (Corporation Name) (Document #)

3. \_\_\_\_\_  
 (Corporation Name) (Document #)

4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in
- Pick up time 2.00
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

RECEIVED  
 AUG 28 AM 10:33  
 DEPT. OF CORPORATION

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

01 AUG 28 PM 2:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

Examiner's Initials

**ARTICLES OF INCORPORATION**

**CUTTING EDGE STAFFING SERVICES, INC.**

01 AUG 28 PM 2:00  
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TALLAHASSEE FLORIDA

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

**ARTICLE I: NAME**

The name of the corporation shall be: **CUTTING EDGE STAFFING SERVICES, INC.**

**ARTICLE II: PURPOSE**

The corporation shall engage in any activity or business permitted under the Laws of the State of Florida and of the United States of America.

**ARTICLE III: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1041 NW 127TH CT	MIAMI	FL	33182
Street address	City	State	Zip Code

**ARTICLE IV: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to issue and have outstanding at one time is **500** shares of common stock, and which common stock shall have a par value of **\$1.00** per share.

All stock is to be issued as fully paid and exempt from assesment.

**ARTICLE V: DURATION**

The existence of the corporation is perpetual.

**ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS.**

The name of the initial registered agent is: **LUISA M. MACHADO**  
and street address is : **1041 NW 127TH CT MIAMI, FL 33182**

**ARTICLE VII: INITIAL OFFICERS(S) /DIRECTOR(S).**

The name and street address(es) of the member(s) of the first Board of Directors and slate of corporate officer(s) are as follows:

<u>Name</u>	<u>Title</u>	<u>Address</u>
LUISA M MACHADO	P/T/D	1041 NW 127TH CT MIAMI, FL 33182
OSCAR L MACHADO	VP/S/D	1041 NW 127TH CT MIAMI, FL 33182

ARTICLE VIII: SECTION 1244

The stock of the corporation may be issued pursuant to the provisions under Section 1244 of the Internal Revenue Code in order for the stockholders of the corporation may receive the benefits thereunder.


ARTICLE IX: INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

LUISA M. MACHADO 1041 NW 127TH CT MIAMI, FL 33182

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this:

23 day of AUGUST, 2001

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE.**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is: CUTTING EDGE STAFFING SERVICES, INC.

2. The name and address of the registered agent and office is:

**LUISA M. MACHADO**

(Name)

**1041 NW 127TH CT**

(P.O. Box or Mail Drop Box not acceptable)

**MIAMI, FLORIDA, 33182**

CITY, STATE, ZIP CODE

*Having been named registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Luis M. Machado*

(Signature)

8-23-01

(Date)

01 AUG 28 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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