

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 02 JAN -7 AMII: 17 SECAL... TATE TALLAHASSEE, FLORIDA

400004755114--3 -01/07/02--01066--019 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	PHOEUIX SIAFF	ING, INC.		
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)	
nclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:	
_	,	1		
<b>370.00</b>	<b>□</b> \$78.75	□ \$78.75	<b>\$2</b> ,\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
	P			
FROM:	ROBERT L MEA	DER		
	Name	(Printed or typed)		
	_			
1860 S.W. ONIEGA ST				
		Address		
_	Port St. Lucie, Fla 34953			
	City,	State & Zip		
	( - 1) -			
_	(561)- 87 Daytime T	1-1663		
	Daytime 1	elepnone number		

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

and the second s	,
ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
•	
ARTICLE I NAME	00 1831 75 01444 175
The name of the corporation shall be:	02 JAN -7 AMII: 17
PHOENIX Staffing, Inc	SECNE AND DESTATE
0.	TALLAHASSÉE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	en e
The principal place of business/mailing address is:	
2866 SW Ortega P.S.L. FL. 34953	
P.S.L. FL. 34953	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Temporary Staffing	
ARTICLE IV SHARES	
The number of shares of stock is: 1000	*
ADTICLE W INITIAL OFFICEDS/DIDECTODS (antional)	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
The name(s), address(es) and dire(s).	•
ARTICLE VI REGISTERED AGENT	-
The name and Florida street address of the registered agent is:  Robert Meader	
2866 SW Ortega	
υ	
PT ST. Lucie, FL 34953	·
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Robert meader	
2866 SW Ortega	
Vt. 5t. Lucie FL 34953 ************************************	· ***********
**************************************	
certificate, I am familiar with and accept the appointment as registered agent and agree to	o act in this capacity
010801	0/02 40
x Kotat Weeden	01.02.02 Date
Signature/Registered Agent	Date

01.02.02 Date