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TRANSMITTAL LETTER

FILED

02 AUG -1 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-08/01/02--01043--004

*****78.75 *****78.75

SUBJECT: My Labor Pool, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

CARLOS A. CARRERO

Name (Printed or typed)

9995 HOOD RD

Address

JACKSONVILLE, FL 32257

City, State & Zip

904-813-0153

Daytime Telephone number

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

8-1-02
2

ARTICLES OF INCORPORATION

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

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

My Labor Pool, Inc.

ARTICLE II PRINCIPLE OFFICE

9995 Hood Rd.
Jacksonville, Fl. 32257

ARTICLE III PURPOSE

Market Human resources and Human Resource Services to industry in general.

ARTICLE IV SHARES

100 Shares of Common Stock

ARTICLE V INITIAL OFFICERS/DIRECTORS

Carlos A. Carrero	President
Irma A. Carrero	Treasurer
Evelyn Torres	Secretary

ARTICLE VI REGISTERED AGENT

Carlos A. Carrero
9995 Hood Rd.
Jacksonville, FL. 32257

ARTICLE VII INCORPORATOR

Carlos A. Carrero
9995 Hood Rd.
Jacksonville, FL. 32257

.....
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

8/1/2002

Date



Signature/Incorporator

8/1/2002

Date