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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : R & R ACCOUNTING & TAX SERVICES, INC.

Account Number : 071324000655 Phone : (305)541-0790 Fax Number : (305)541-4015 SEP 10 PH 1: 19
CRETARY OF STATE
LAHASSEE, TLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Management Investment Staffing, Inc.

Certificate of Status	1
Certified Copy	0
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9/10/2004

9/9/10

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ARTICLES OF INCORPORATION

OF

MANAGEMENT INVESTMENT STAFFING, INC.

The understand incorporation(s), for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt The following Articles of Incorporation.

Article I Name

The name of the corporation shall be:

MANAGEMENT INVESTMENT STAFFING, INC.

Article II Principle Office:

The principal place of business and mailing address of this corporation Shall be: 1175 N.E. 125 ST. Suite 214 North Miami. Fl 33161.

Article III Shares

The number of shares stock that this corporation is authorized to have Outstanding at any one time is: 500 shares of common stock at \$ 1.00 per value.

PREPARED BY 17-104 RODALGUEZ 17362 DIWTHAVE MINNIFE 3305

HO4000 183 1083.

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Article IV INITIAL REGISTERERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

Eloy Rodriguez

1175 NE 125 St Suite 214

North Miami, Fl 33161

Article V INCORPORATIONS (S)

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

Eloy Rodriguez 1175 NE 125 St Suite 214 North Miami, Fl 33161

President

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

_____day of _____,
X Signature

HOY000183/683

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA SATAUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE RGISTERD OFFICE/REGISTERD AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is <u>Management Investment</u> Saffing Inc.

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

Eloy Rodriguez 1175 NE 125St Suite 214 North Miami, FL 33161

Having been named as 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 all the provisions of all the statues 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.

Signature

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