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TALLAHASSEE. FLORIDA

Pa

COVER LETTER

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

SUBJECT:	CONTEMPO EXE	CUTIVE S	Staffing, 11	UC. —
Enclosed are an original \$70.00 Filing Fee	iginal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	s87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED	
FROM: _	GIOVANNA Name (1212 Obi sp Corm Gag City, 305-505-	Address SLES, FL State & Zip	101 MAY - 7 LLAHASSE	

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

The name of the corporation shall be:	CONTEMPO	Executive	Staffing, In
ARTICLE II PRINCIPAL OFF The principal place of business/mailing a		Ponce De C Gables,	eon Blup., Sui. FL 33134
ARTICLE III PURPOSE			
The purpose for which the corporation	_	•	
	STAFFING	Company	
ARTICLE IV SHARES The number of shares of stock is:	1		
ARTICLE V INITIAL OFFICE List name(s), address(es) and specific t	ers and/or directitle(s):	TORS	
GIOVANNA M. F.	ernandez		
rresident			
List name(s), address(es) and specific to CIOUANNA M. F. P.	AGENT P.O. Box NOT acceptal	ole) of the registered a	FILE 7001 NAY -7 SECREMARY C
1212 OBISPO AVE	22124		T P
WEAR GABLES, FL	22127		ORITATE :
The name and address of the Incorpora	tor is:		DA S
Giovanna M ERCA	JAN1)PZ		
1212 OBISPO AUE,	COINZ GAS	ces, F 33	3139
**********	*******	*******	*******
Having been named as registered agent to accordificate, I am familiar with and accept the ap		nt and agree to act in this	capacity
		مے	5.2.07 Date 5-2-07
Silgnature/Registered Agent			Date
			5-2-07
Signature/Incurporator			Date

ARTICLES OF INCORPORATION

NAME

ARTICLE I

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