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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

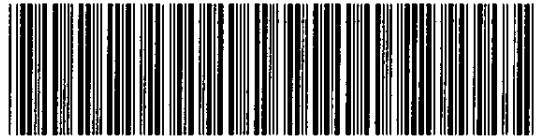
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV 29 PM 3:16

EP 11/30/07

COVER LETTER

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

SUBJECT: HR STRATEGIES, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: JENNIFER LINARES  
Name (Printed or typed)

5949 SW 50 STREET  
Address

MIAMI, FL. 33155  
City, State & Zip

(305) 389-0464  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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**ARTICLE I NAME**

The name of the corporation shall be: HR STRATEGIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: 5949 SW 50 Street  
Miami, Fl. 33155

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A HUMAN RESOURCES CONSULTING FIRM TO ASSIST COMPANIES WITH EMPLOYMENT PRACTICES.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

- JENNIFER LINARES  
5949 SW 50 Street  
Miami, Fl. 33155  
PRESIDENT
- Roberto Linares  
5949 SW 50 STREET  
Miami, Fl. 33155  
SECRETARY

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JENNIFER LINAKES  
5949 SW 50 Street  
MIAMI, FL. 33155

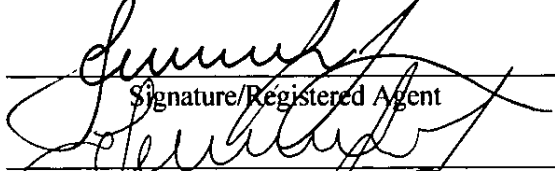
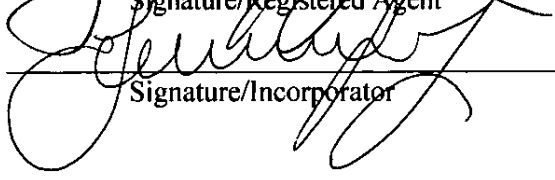
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JENNIFER LINAKES  
5949 SW 50 Street  
MIAMI, FL. 33155

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DIVISION OF CORPORATIONS  
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*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  
  
\_\_\_\_\_  
Signature/Incorporator

11/25/2007  
\_\_\_\_\_  
Date  
11/19/2007  
\_\_\_\_\_  
Date