

PO8000081787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

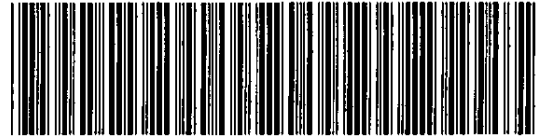
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/05/08--01026--001 \*\*78.75

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08 SEP -4 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SUPERIOR STAFFING & Care  
(Corporation Name) (Document #)
2. SERVICES Corp.  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

### NEW FILINGS

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

*SUPERIOR STAFFING & CARE SERVICES Corp.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*7500 NW 25 ST. SUITE 215  
Miami FL 33122*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Any and All Lawful Business.*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100 Shares of \$ 5.00 Each.*

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

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

*Ang C. Munoz  
12551 W. Okeechobee Rd.  
Hialeah FL 33018*

**ARTICLE VI REGISTERED AGENT**

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

*MAYRA S. MORAZAN  
1205 W. 65 Ave, Miami-FL.*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Ang C. Munoz  
12551 W. Okeechobee Rd.  
Hialeah FL 33018.*

\*\*\*\*\*  
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

x *[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent  
x *[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*8-25-08*  
\_\_\_\_\_  
Date  
*8-25-08*  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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