

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617~6381

Account Name : LAZARUS CORPORATE ETLING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORAT

G.I. STAFFING CORP.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE L- NAME

THE NAME OF THE CORPORATION SHALL BE: G.I. Staffing Corp.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

> 1176 Peregrine way WESTON FI 33327

<u>ARTICLE III - SHARES</u>

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Isavra Bou-Melendez 1176 Peregrine Way Weston, Fl 33327

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FROM : LAZARUS

FAX NO. :3052201440

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

I savra Bou-Helendez 1176 Peregrine Way Weston, FI 33327

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

DAY OF AUG. 2009

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Isaura Bou-Melendez (President)
1176 PEREGRINE Way
WESTON FL 33327

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

OFFICE

HAVING HEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I MEREBY ACCEPT THE
APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTTES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION
AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

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