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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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~ 04/04/11

COVER LETTER

Department of State

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Perfect Resumes, Inc.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the arti-	cles of incorporation an	d a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
	ADDITIONAL CO	Status OPY REQUIRED		
		——————————————————————————————————————		
FROM: Rolandra Marshall	(Printed or typed)			
5070 Elmhurst Rd. Unit	F			
Address				
West Palm Beach, FL 3	3417 State & Zip			
305-791-5446 Daytime T	elephone number			
rolandra@perfect-resume E-mail address: (to be used	es.com I for future annual report	notification)		

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)

ARTICLE I	NAME Perfect Resumes, Inc.		
The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
	5070 Elmhurst Rd. Unit F		
	West Palm Beach, FL 33417		
ARTICLE III			$ \overline{A}_{o} = \overline{A}_{o} $
The purpose for which the corporation is organized is:			
·	Lawful Business		APR-1 PH L
ARTICLE IV	hares of stock is:100		4: 26 STATE LORID
The number of s	nares of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS	>>>
	Title: Rolandra Marshall / President	Name and Title:	
Address:	5070 Elmhurst Rd. Unit F	Address:	<u></u>
			
•	West Palm Beach, FL 33417		
Name and	Title:	Name and Title:	
Address:			
		<u> </u>	
Name and	Title:	Name and Title:	
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Rolandra Marshall		
Address:	5070 Elmhurst Rd. Unit F	<u> </u>	
	West Palm Beach, FL 33417		
ARTICLE VII	INCORPORATOR		
	address of the Incorporator is:		
Name:	Rolandra Marshall		
Address:	5070 Elmhurst Rd. Unit F		
	West Palm Beach, FL 33417		
	med as registered agent to accept service of prod am familiar with and accept the appointment as t		
190	DAICH MASSING	· · · · · · · · · · · · · · · · · · ·	3-2711
\bigcup	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein of Pepartment of State constitutes a third degree fel		
_ \+	2 HOOR Mastell		3-29-11
	Required Signature/Incorporator		Date