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TALLAHAS SEE, FLOXIDA

N 11/28/12

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COVER LETTER

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

Tallahassee, FL 323	314		
SUBJECT: J &	Y STAFFING COPPORED CORPORA	ORP ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status
FROM: Y	ENHEIT HURTA		
16	6231 S.W. 71 ST	, , ,	
M	IAMI, FLORIDA	33193 , State & Zip	

786-442-4615

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

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

YENHEITHR@YAHOO.COM



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: J & Y STAFFII	NG CORP	
ARTICLE II	PRINCIPAL OFFICE		
ARTICLE II	Principal street address	Mailing adds	ress, if different is:
	16231 S.W. 71 ST.	SAME	ess, il different is.
	MIAMI, FLORIDA 33193	OAME	
			•
ARTICLE III	PURPOSE		
	which the corporation is organized is:		·
Any lawful hea	alth care business		,
ARTICLE IV	SHARES		
	hares of stock is: 100		
The number of s	Maios of Sook is.		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE		
Name and	Title: YENHEIT HURTADO P	Name and Title:	
Address:	16231 S.W. 71 STREET	Address:	
•	MIAMI, FLORIDA 33193		
	Title:		
Address:		Address:	
Name and	Title:	Name and Title:	
Address:	Title.	Address:	
ridaress.			
ARTICLE VI	REGISTERED AGENT		5 4
	Florida street address (P.O. Box NOT accep	table) of the registered agent is:	Francisco (Property Control of Co
Name:	YENHEIT HURTADO	able) of the registered agent is:	
Address:	16231 S.W. 71 STREET		N 70
71001000	MIAMI, FLORIDA 33193		
			The second secon
<u>ARTICLE VII</u>			and the second second
	address of the Incorporator is:		(T) (T)
Name:	YENHEIT HURTADO		- <u> </u>
Address:	16231 S.W. 71 STREET MIAMI, FLORIDA 33193	··	
	MINIMI, I EQINDA 00 100		
Havina heen na	med as registered agent to accept service of	neocess for the above stated cornoral	tion at the place designated in
	am familiar with and accept the appointmen		
inio cerigreure, i		as to toganior our agoin and agree to no	in mis cupacity
7	C/CODOH()		11.14.2012
<u> </u>	Required Signature/Registered Ag	ant	11 · 14 - 2012 Date
	/ required Signature/Registered Ag	CIIL	Date
I submit this do	cument and affirm that the facts stated her	ein are true. I am aware that the fals	se information submitted in a
	Department of State constitutes a third degr		
	1/		
√	School .	/	11-14-292 Date
-	Required Signature/Incorporato	r	Date
	(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		