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SECRETARY OF STATE
(ALLAHASSEE FLORID

1013-15560

COVER LETTER

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

SUBJECT: A Su	re Bet Recruiting		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Debra Caridad Guzm Name	nan e (Printed or typed)	
	17350 NW 67 Ave #4	04 Address	
		ruuress	
	Miami, FI 33015 City,	State & Zip	
	786-356-7460	elephone number	
	•	l@hotmail.com	
	E-mail address: (to be use		notification)
		•	•

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 27, 2013

DEBRA CARIDAD GUZMAN 17350 NW 67 AVE #404 MIAMI, FL 33015

SUBJECT: A SURE BET RECRUITING

Ref. Number: W13000065560



We have received your document for A SURE BET RECRUITING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 013A00027355

Division of Company in a DO DOV 6207 Tallaharan Elavida 2021

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

name of the corpor	ration shall be: A Sure Bet Re	cruting 上NC.	
TICLE II PR	INCIPAL OFFICE Principal street address	Mailing addr	ress, if different is:
17350 NW 67 AVE #404 MIAMI, FL 33015		_	67 AVE #404
		MIAMI, FL 33015	
TICLE III PU	RPOSE the corporation is organized is:AN'	Y AND ALL LAWFUL BU	SINESS
TICLE V IN	IARES of stock is: 1000 ITIAL OFFICERS AND/OR DIRECTO		
number of shares of	of stock is: 1000		DEC 11 CRETAI LAHAS
number of shares of the shares of the share and Tite of the share	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECTO Ile: DEBRA C. GUZMAN	Name and Title: Address:	DEC 11 CRETARY LAHASSE
number of shares of the shares of the share and Tite Address	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ile: DEBRA C. GUZMAN 17350 NW 67 AVE #404	Name and Title: Address:	DEC 11 AM 7: 27 CRETARY OF STATE LAHASSEE FLORIDA
number of shares of the shares of the share and Tite Address	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ile: DEBRA C. GUZMAN 17350 NW 67 AVE #404 MIAMI, FL 33015	Name and Title: Address: Name and Title: Address:	DEC 11 AM 7: 27 CRETARY OF STATE LAHASSEE FLORIDA
number of shares of the control of t	of stock is: 1000 ITIAL OFFICERS AND/OR DIRECT Ile: DEBRA C. GUZMAN 17350 NW 67 AVE #404 MIAMI, FL 33015 e:	Name and Title: Address: Name and Title: Address:	CRETARY OF STATE LAHASSEE FUORIDA

Name and Title: Name and Title:____ Address Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: DEBRA CARIDAD GUZMAN Name: 17350 NW 67 AVE #404 Address: MIAMI, FL 33015 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: **DEBRA CARIDAD GUZMAN** Name: 17350 NW 67 AVE #404 Address: MIAMI, FL 33015 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 I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator

13:DEC 11 AM 7:27
SECRETARY OF STATE
TALLAHASSEE FLOBINA