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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GOLD STAFFING CORP**

Certificate of Status	1
Certified Copy	0
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[Signature] 03/28/14

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COVER LETTER

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

SUBJECT: GOLD STAFFING CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 of Status
ADDITIONAL COPY REQUIRED

FROM: Paul Jasinski
Name (Printed or typed)
5960 NW 99 Ave #3
Address
Doral FL 33178
City, State & Zip
305 984 8277
Daytime Telephone number
CERRAILIANA@gmail.com
E-mail address: (to be used for future annual report notification)

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

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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: GOLD STAFFING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4355 NW 16 AVE SUITE 206 B

MIAMI FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN EMPLOYEE
LEASING AND OTHER FOR PROFIT LEGAL
BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ILIANA CERRA PR Name and Title:

Address: 18127 NW 89 PL Address:

MIAMI LAKES

FL 33018

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FLORIDA

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(cont.)

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:

Name: PAUL JASINSKI
Address: 5960 NW 99 AVE #3
DORAL FL 33178

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL JASINSKI
Address: 5960 NW 99 AVE #3
DORAL FL 33178

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

Paul Jasinski
Required Signature/Registered Agent

3/25/14
Date

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.

Paul Jasinski
Required Signature/Incorporator

3/25/14
Date