

P140000045247

Florida Insurance

31544613

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850) 617-6381

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
STAFFING ONE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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MAY 21 12:23 PM
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

2017 MAY 21 PM 12:54

ARTICLE I NAME

The name of the corporation shall be:

STAFFING ONE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5881 NW 151 ST STE: 206

MIAMI LAKES, FL 33014

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MEILEEN MARRERO (P/D)

Address 5881 NW 151 ST STE: 206

MIAMI LAKES, FL 33014

Name and Title:

Address:

Name and Title: NELSON PALMERO (V/D)

Address 5881 NW 151 ST STE: 206

MIAMI LAKES, FL 33014

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF
DIVISION OF CORPORATE
2014 MAY 21 PM 12:54 (cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MEILEEN MARRERO
Address: 5881 NW 151 ST STE: 206
MIAMI LAKES, FL 33014

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MEILEEN MARRERO
Address: 5881 NW 151 ST STE: 206
MIAMI LAKES, FL 33014

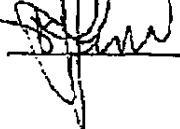
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

05/19/2014
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.817.133, F.S.



Required Signature/Incorporator

05/19/2014
Date