P/4000053063

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	;
Special Instructions to Filing Officer:	

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COVER LETTER

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

SUBJECT: M&M Strategic Staffing Solutions, Inc. (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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY KEQUIKED

	Name (Printed or typed)	
8258 W. State	e Rd 84	
<u> </u>	Address	
Davie	FI	33324
	City, State & Zip	
954 472 8401		
Γ	Daytime Telephone number	

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)

name of the corpo			
	RINCIPAL OFFICE Principal street address Ave Miami FL 33126	Mailing a	address, if different is:
TICLE III PU	TRPOSE th the corporation is organized is:	money as an S	S Corporation
purpose for which providing	staffing to other companie	s in Miami Dade	e, Broward and
onroe Cou	inties.		
			TALLA
			TANK T
		· · · · · · · · · · · · · · · · · · ·	(())
			6 P
TICLE IV So	HARES 1000 of stock is:	· · · · · · · · · · · · · · · · · · ·	
TICLE V II	VITIAL OFFICERS AND/OR DIRECTOR		PN 2: 47 OF STATE EF, FLORIDA
TICLE V II		Name and Title:	PN 2: 47 OF STATE EF, FLORIDA
<i>TICLE V II</i> Name and T	vitial officers and/or director itle: Marcus Elosequi, V. P.	Name and Title:	PN 2: 47 OF STATE EF, FLORIDA
<i>TICLE V II</i> Name and T	vitial officers and/or director itle: Marcus Elosequi, V. P.	Name and Title:	PN 2: 47 OF STATE EF, FLORIDA
<i>TICLE V II</i> Name and T	Maura Flaggui, CEO	Name and Title:	PN 2: 47 OF STATE EF, FLORIDA
Name and T Address	Maura Flaggui, CEO	Name and Title: Address: Name and Title:	PN 2: 47 OF STATE E, FLORIDA
Name and T Address Name and Ti	Marcus Elosequi, V. P. 219 NW 58 Ave Miami FL 33126	Name and Title: Address: Name and Title:	PN 2: 47 OF STATE E, FLORIDA
Name and T Address Name and Ti Address	Marcus Elosequi, V. P. 219 NW 58 Ave Miami FL 33126 Maura Elosegui, CEO 219 NW 58 Ave Miami FL 33126	Name and Title: Address: Name and Title:	PN 2: 47 OF STATE E, FLORIDA
Name and T Address Name and Ti Address	Martha Longz Soct	Name and Title: Address: Name and Title: Name and Title:	PH 2: 47 OF STATE E, FLORIDA

Name and	d Title:	·-		Name and Title:	
Address				Address:	
					
ARTICLE VI	REGISTERED		centable) of	the registered agent is	:
		Fleischer, E		the registered agent is	
Name:	8258 W. S				
		3318 BO 04			
Address:					
Address:	Davie	FI FI	33324		
Address:			33324		74. 14.
	Davie	FI	33324		SECRE FALLA
ARTICLE VII	Davie	F†	33324		14 JUN 1 SECRETAN
ARTICLE VII The name and ad	Davie INCORPORATO Idress of the Incorpo	F†	-		N 16
ARTICLE VII The name and ad Name:	Davie INCORPORATO Idress of the Incorpo Randy A	Fl PR rator is:	Esq.		N 16 I
ARTICLE VII The name and ad	Davie INCORPORATO Idress of the Incorpo Randy A	FI PR rator is: A. Fleischer,	Esq.		N 16

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