# P15000042099

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SECRETARY OF STATE
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OMNI BUSINESS SERVICES, INC
DBA OMNI INSURANCE SERVICES
2413 BISCAYNE BLVD
MIAMI, FL 33137
TEL:305-576-7755
FAX:305-576-9107
E.mail:omnibusiness@bellsouth.net

April 02, 2015

Re: LETTER NUMBER 215A00005515
PACIFIC STAFFING, Inc

Florida Department of State Division of Corporations P O BOX 6327 Tallahassee, Florida 32314

Dear Sir or Madam

Thank you for your letter dated march 18, 2015 regarding the registration of Caribbean Staffing ,Inc.

Due to a conflict of Interest the owner of the Corporation has decided to change the Corporation name to a new one: PACIFIC STAFFING, INC

For further information regarding this matter you may call me at the number Listed above or you may send me an e-mail

Thank you

Emmanuel Regis



April 28, 2015

EMMANUEL REGIS 2413 BISCAYNE BLVD MIAMI, FL 33137

SUBJECT: PACIFIC STAFFING, INC

Ref. Number: W15000024408

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

You failed to make the correction(s) requested in our previous letter.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

\*\*\*\*Please list the physical "STREET" address not mailing address\*\*\*\*.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 815A00007010



15 MAY -8 AM 8: 41

## SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION OF PACIFIC STAFFING, INC

The undersigned incorporator hereby make, subscribe acknowlege and file to the Department of State these Articles for the purpose of forming a Corporation for Profit in accordance with the Laws of the State of Florida.

ARTICLE I-NAME:

The name of this Corporation shall be:

PACIFIC STAFFING, INC

#### ARTICLE II-GENERAL NATURE OF BUSINESS:

This Corporation may engage in activity or business permitted under the Laws of the United States of America and the State of Florida.

#### ARTICLE III- CAPITAL STOCK

The maximum number of shares which the Corporation shall have the authority to issue is the total sum of:

SHARES:

PAR VALUE

100,000

\$1.00

Which shall be designated "Common Shares" each of said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of the stockholders. All or any part of said capital stock may be paid in cash, in property (other than stock or securities) or in labor or services at a fair valuation to be fixed by the incorporator or by the Board of Directors at a meeting called for such purpose. All stock when issued shall be fully paid for and shall be non-assessable.

ARTICLE IV-TERM OF CORPORATE EXISTENCE

The Corporation shall have perpetual existence

ARTICLE V-INITIAL REGISTERED OFFICE AND INITIAL AGENT

**ADDRESS OF OFFICE** 

**AGENT AT SUCH ADDRESS** 

801 NW 27<sup>th</sup> AVENUE MIAMI, FLORIDA 33125

**GELSON GARCIA** 

THE PHYSICAL STREET ADDRESS OF THIS CORPORATION IS: 801 NW 27<sup>th</sup> AVENUE MIAMI, FLORIDA 33125

ARTICLE VI-DIRECTOR (s)

The Corporation shall have a minimum of one (1) director. The number of Directors may be increased from time to time by Amendment of By-Laws.

ARTICLE VII-INITIAL BOARD OF DIRECTORS IS/ARE:

DIRECTOR (s)

**ADDRESS** 

**GELSON GARCIA** 

1759 SW 5<sup>th</sup> COURT STE 303 MIAMI, FLORIDA 33135

The member (s) of the first board of Director, unless otherwise provided by the By-laws shall hold office for the first year of the Existence or until their successors are selected or appointed and qualified.

ARTICLE VIII: SUBSCRIBER (S)

NAME

**ADDRESS** 

**NUMBER OF SHARES** 

**GELSON GARCIA** 

1759 SW 5<sup>th</sup> COURT

80,000

MIAMI, FLORIDA 33125

#### **ARTICLE IX-OFFICERS:**

The officer of this Corporation shall be a President who shall be a Director, a Secretary and A Treasurer and such officer, agent and factor as may deemed necessary.

OFFICERS:

GELSON GARCIA

"

PRESIDENT

1759 SW 5<sup>th</sup> STREET STE 303

MIAMI, FL 33125

GELSON GARCIA

"

TREASURER

1759 SW 5<sup>th</sup> STREET STE 303

MIAMI, FL 33125

GELSON GARCIA

SECRETARY

1759 SW 5<sup>th</sup> STREET STE 303

MIAMI, FL 33125

#### **ARTICLE X-AMENDMENT:**

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these. Articles of Incorporation in the manner now or hereafter prescribed by the laws of the State of firoida and all rights conferred upon stockholder herein after are subject to this reservation.

Signature of Incorporators:

GELSON GARCIA / PRESIDENT

GELSON GARCIA / TREASURER

**GELSON GARCIA / SECRETARY** 

State of Florida

County of Miami-Dade

The foregoing instrument was acknowledged and sworn to before me this

My Commission Ex

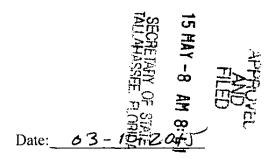
EMMANUEL REGIS
MY COMMISSION # EE 877007

### CERTIFICATE DESIGNATED REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the prevention of section 607.325, Flroida Statutes, the undersigned Corporation organized under the Laws of the State of Florida, submits the following statement designating the registered agent in the State of Florida.

- 1) The name of the Corporation is: PACIFIC STAFFING, INC
- 2) The name and address of the registered agent is GELSON GARCIA

**801** NW 27th AVENUE MIAMI, FL 33125



Signature/ Corporate Officer

Having been named to accept service of process for the above stated Corporation, at the place designated, I hereby agree to act in this capacity, and I further agree to comply with the provision of statutes, relative to the proper and complete performance of my duties and I accept duties, and obligations of section 607.325 Florida Statutes.

Date: 03-11-2011
Signature:

I hereby certify that on this Day before me a Notary Public duly authorized in the State and County named above to take acknowledgments personally appeared:

Name: GELSON GARCIA known to be the person described and registered agent.

State of Florida County of Miami-Dade

very Signature My comm

My commission

