

MAY/20/2006 12:20 PM

FAX No.

P. 001

**P/500045334**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
D & D STAFFING GROUP INC**

Certificate of Status	0
Certified Copy	1
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*R 05/21/15*

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: D & D STAFFING GROUP INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1470 NW 107 AVESTE BMIAMI, FL 33172ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: LUIS E LUZARDO (P)

Name and Title: \_\_\_\_\_

Address

1470 NW 107 AVE

Address: \_\_\_\_\_

STE BMIAMI, FL 33172

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

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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: LUIS E LUZARDO  
Address: 1470 NW 107 AVE STE B  
MIAMI, FL 33172

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**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LUIS E LUZARDO  
Address: 1470 NW 107 AVE STE B  
MIAMI, FL 33172

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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\_\_\_\_\_  
05/20/2015\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator\_\_\_\_\_  
05/20/2015\_\_\_\_\_  
Date