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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Fax Number

: (800)221-2972 : (888)692-9256

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

Email Address:		
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## FLORIDA PROFIT/NON PROFIT CORPORATION ALM STAFFING & CONSULTING CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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

RTICLE I NAME The name of the corpora  RTICLE II PRINCE	TPAL OFFICE					
<u> </u>	Principal street address	Mailing address, if different is:		_		
6047 COLLINS AVE	NUE, SUITE 2701	16047 COLLINS AVENUE, SUITE 2701				
UNNY ISLES BEAC	JNNY ISLES BEACH, FL 33160		SUNNY ISLES BEACH, FL 33160			
RTICLE III PURPO he purpose for which t	he corporation is organized is:			_		
				<del></del> -		
RTICLE IV SHARE he number of shares of	ES 100 stock is:					
he number of shares of	stock is:					
he number of shares of	L OFFICERS AND/OR DIRECTORS  AMY MEHARAM - DIRECTOR	Name and Title:		_		
he number of shares of	L OFFICERS AND/OR DIRECTORS  AMY MEHARAM - DIRECTOR	Name and Title:		-		
he number of shares of  RTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS  AMY MEHARAM - DIRECTOR	Name and Title:		-		
he number of shares of  RTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS  AMY MEHARAM - DIRECTOR  16047 COLLINS AVENUE, SUITE 2701	Name and Title:				
he number of shares of  RTICLE V INITIA  Name and Title  Address	L OFFICERS AND/OR DIRECTORS  AMY MEHARAM - DIRECTOR  16047 COLLINS AVENUE, SUITE 2701  SUNNY ISLES BEACH, FL 33160	Name and Title:Address:	<del></del>	KOISIAIG		
he number of shares of  RTICLE V INITIA  Name and Title  Address  Name and Title:	L OFFICERS AND/OR DIRECTORS  AMY MEHARAM - DIRECTOR  16047 COLLINS AVENUE, SUITE 2701  SUNNY ISLES BEACH, FL 33160	Name and Title:  Address:  Name and Title:	<del></del>	S JOSTON OF CONTRACTOR OF CONTRACTOR CONTRAC		
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ne number of shares of  RTICLE: V INITIA  Name and Title  Address  Name and Title:  Address	L OFFICERS AND/OR DIRECTORS  AMY MEHARAM - DIRECTOR  16047 COLLINS AVENUE, SUITE 2701  SUNNY ISLES BEACH, FL 33160	Name and Title:  Address:  Name and Title:  Address:	18 0EC -6 AM JO: 22	ACOMETARY OF STATE		
ne number of shares of  RTICLE: V INITIA  Name and Title  Address  Name and Title:  Address	L OFFICERS AND/OR DIRECTORS  AMY MEHARAM - DIRECTOR  16047 COLLINS AVENUE, SUITE 2701  SUNNY ISLES BEACH, FL 33160	Name and Title:  Address:  Name and Title:  Address:	18 0EC -6 AM JO: 22	ACOMETARY OF STATE		

Name a	nd Title:	Name and Title:		<del></del>
Addres	ss	Address:		
		<del>-</del>		<del></del>
	REGISTERED AGENT  Clorida street address (P.O. Box NOT acceptable) of	of the consistenced against is:		
Name:	AMY MEHARAM	n ne registered agent is.		
-	16047 COLLINS AVENUE, SUITE 2701	_		
	SUNNY ISLES BEACH, FL 33160	_		
ARTICLE VII	<u>INCORPORATOR</u>			
The name and a	ddress of the Incorporator is:			
Name:	AMY MEHARAM	_		
Address:	16047 COLLINS AVENUE, SUITE 2701	_		
	SUNNY ISLES BEACH, FL 33160	-		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and canno	(OPTIONAL) t be more than five days prid	or or 90 days after	r the
	inserted in this block does not meet the applicable frective date on the Department of State's records.	statutory filing requirements, t	this date will not be	listed as Various Community of the Commu
this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporate istered agent and agree to act	ion at the place de in this capacity	
Clen	my Mehren	_	11/27/2018	<b>≱</b> %9
	Required Signature/Registered Agent	<del></del>	Date	14 G
	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony			mided in 657
Cl.	roney Mechanism		11/17/2018	
Requir	red Signature/Incorporator	<del></del>	Date	<del></del>