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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

State 1 Staffing Corp				
oldie i oldining corp				
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· · · · · · · · · · · · · · · · · · ·				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
		.1		Fictitious Name File
				Trade/Service Mark
				Merger File
		:		Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
			_ _	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		 		Fictitious Owner Search
orginature				Vehicle Search
				Driving Record
Requested by: Seth	04/0/10			UCC 1 or 3 File
	04/8/19			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In 172 Panders Printing - Thomasure GA 8/00	Will Pick Up			Courier

COVER LETTER

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

SUBJECT:	State 1 Staf	fing Corp	
	(PROPOSED CORPORA	TE NAME - MUST INCLUI	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and a	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COP	
FROM:	Leonardo	Fore(0 (Printed or typed)	
	10711 SW 216 4	Street Suite	315
	Miami, F	33170 State & Zip	
	305 - 2 Daytime Te	82 - 8914 Tephone number	
	E-mail address: (to be used	re(0 121) 6 gm	nail, com

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)

The name of the corporation	m ahali kar	1 01-00	۸ ۵
		_1 stating	Corp
ARTICLE II PRINCIL		_	
אור ש <u>ל וודמב</u>	rincipal <u>street</u> address		Mailing address, if different is:
_Suite 315	, , , , , , , , , , , , , , , , , , ,		
Miami, Fl	33170	 _	
ARTICLE III PURPOS The purpose for which the	<u>E</u> corporation is organized is:	Ann and all	1. (1. 0.0.4)
	Tot portation is organized is.	ind wa au	Taval propriate
			
			
		<u> </u>	
			· · · · · · · · · · · · · · · · · · ·
			
ARTICLE IV SHARES The number of shares of sto	ale in AMA		
The number of shares of sto	CK IS: 100		
ARTICLE V INITIAL (OFFICERS (NID/OR DIRECT	20.00	
	OFFICERS AND/OR DIRECT		
Name and Title:	Leonardo Forero	(Y) Name and T	`itle:
Address	10711 SW 216 St	CPO - Address	
		Address.	
	scite 315		
	Miami, F1 331	70	
	,		***
Name and Title:		Name and T	itle:
			P R
Address		Address:	
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			TO NO
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Nome and Tiele.			
Name and Title:		Name and T	itle:
Address		Address:	
·			

	nd Title:	ranc and race	
Address	s	Address:	
			
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT ac		
Name:	Lecnardo Forero	ceptable) of the registered agent is:	
Address:	10711 SW 216 Street	si7(315	
	Mijamy Fl 33170	<u>) </u>	
ARTICLE VII	INCORPORATOR		
The name and ad	idress of the Incorporator is:		
Name:	Leonardo Forero		
Address:	10711 SW 216 stier	et#315	
	Miami, Fl 3317)	
Effective date, if (If an effective difiling.)	other than the date of filing: A Color ate is listed, the date must be specific a inserted in this block does not meet the affective date on the Department of State's	and cannot be more than five days	prior or 90 days after
the document's ef	on the Department of State	a records.	
the document's er			
Having been nam	ned as registered agent to accept service om familiar with and accept the appoints	of process for the above stated corpo ment as registered agent and agree to	pration at the place desi act in this capacity
Having been nam	ned as registered agent to accept service om familiar with and accept the appoints	of process for the above stated corponent as registered agent and agree to	oration at the place desi act in this capacity 4 8 19
Having been nam. this certificate, I a	Requited Signature/Registered	ment as registered agent and agree to Agent	act in this capacity 4 8 19 Date
Having been name this certificate, I a	im familiar with and accept the appoints	Ment as registered agent and agree to Agent Herein are true. I am aware that the	act in this capacity 4819 Date
Having been nam this certificate, I a I submit this docu	Required Signature/Registered	Ment as registered agent and agree to Agent Herein are true. I am aware that the	act in this capacity 4 8 19 Date false information submits, F.S. E 8 19
Having been nam this certificate, I a I submit this docu	Requited Signature/Registered Aument and affirm that the facts stated he Department of State constitutes a third de	Ment as registered agent and agree to Agent Herein are true. I am aware that the	act in this capacity 4819 Date