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Florida Department of State
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Division of Corporations
Fax Number : (850)617-6381

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FLORIDA PROFIT/NON PROFIT CORPORATION
NATIONAL MANPOWER INC

Certificate of Status	0
Certified Copy	0
Page Count	02
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: NATIONAL MANPOWER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1835 E. Hallandale Beach Blvd # 890
Hallandale Beach, FL 33009

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Man Power Services

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reuven Sagi , President
Address: 1835 E. Hallandale Beach Blvd # 890
Hallandale Beach, FL 33009

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: Reuven Sagi

Address: 1835 E. Hallandale Beach Blvd # 890

Hallandale Beach, FL 33009

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Reuven Sagi

Address: 1835 E. Hallandale Beach Blvd # 890

Hallandale Beach, FL 33009

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

/s/ Reuven Sagi — 07/06/2020

Required Signature/Registered Agent — 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.

/s/ Reuven Sagi — 07/06/2020

Required Signature/Incorporator — Date