

19700041074

Requester's Name
 Address
 MIAMI, FLORIDA 33174 (305)552-5973
 City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MIAMI Skyline, Inc.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- ☒ Walk in
 ☒ Pick up time 2:00
 ☒ Certified Copy
☐ Mail out
☐ Will wait
☐ Photocopy
☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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 ****122.50 ****122.50

97 MAY -8 PM 2:00
 TALLAHASSEE, FL
 DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION
OF
MIAMI STAFFING, INC**

The undersigned incorporators for the purpose of forming a corporation under the Florida General Corporation Act. hereby adopts the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: **MIAMI STAFFING, INC.**
The principal place of business of this corporation shall be:
782 N.W. LeJeune Road, Suite 532, MIAMI.FLORIDA, 33126

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III CAPITAL STOCKS

The aggregate of shares of stocks and its par value that this corporation is authorized to have outstanding at any one time is: **100 SHARES WITH A PAR VALUE OF \$1.00 EACH.**

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street addresses of the initial officers and directors. If any, who shall hold office the first year of the corporation's existence or until their successors are elected are:

Emilio Amador

**President, Treasurer
Secretary, V-President**

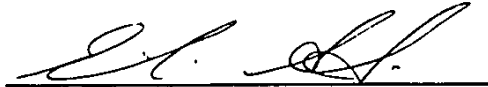
ARTICLES VI INCORPORATORS

The name and street address of the incorporators to these articles of incorporation are:

| | |
|-----------------------|------------------------|
| Emilio Amador | President, Treasurer |
| 782 N.W. LeJeune Road | V-President, Secretary |
| Suite 532 | |
| Miami, FL 33126 | |

IN WITNESS WHEREOF, the undersigned incorporators has have executed these Articles of Incorporation this 5th day of MAY 1997.

Signature of Incorporator



STATE OF FLORIDA

COUNTY OF DARE

THE FOREGOING instrument was acknowledged and sworn to before me this 5th day of MAY 1997 by

MIAMI EMILIO AMADOR of _____
(Name of Incorporator)

MIAMI STAFFING Inc
(Name of Corporation)


Notary Public

(SEAL)

My Commission Expires: _____



GEORGINA D. SANTIAGO
COMMISSION # CC 382164
EXPIRES APR 6, 1998
BONDED THRU
ATLANTIC BONDING CO., INC

**CERTIFICATE DESIGNATED
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Status, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **MIAMI STAFFING, INC.**
2. The Name and address of the registered agent and office is:

**EMILIO AMADOR
782 N. LEJEUNE ROAD
SUITE 532
MIAMI, FL 33126**

Signature: 
(Corporate Officer)

Title: PRESIDENT

Date: 5/5/97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE _____
(Registered Agent)

Date: _____

5/5/97 - 8 PM 2:00