

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
97 OCT 21 PM 2:51

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-10/21/97-01043-003  
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Staff Options, Inc.

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ 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
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

RECEIVED  
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DIVISION OF CORPORATION

RP  
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**ARTICLES OF INCORPORATION**

**OF**

**STAFF OPTIONS, INC.**

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**ARTICLE I**

**NAME**

The name of this Corporation shall be :

**STAFF OPTIONS, INC.**

**ARTICLE II**

**PURPOSE**

This corporation is organized for the purpose of operating as a Staff Leasing Business and transacting any and all lawful business.

**ARTICLE III**

**CAPITAL STOCK**

This corporation is authorized to issue 1000 shares of \$1 par value common stock.

**ARTICLE IV**

**INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT**

The street address of the initial principal office and registered office of this corporation is 8436 W. Oakland Pk. Blvd. Sunrise, FL 33351 and the name of the initial registered agent of this corporation at the above address is:

**Raymond M. DiRocco**

#### **ARTICLE V**

##### **DIRECTORS**

This corporation shall have one Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial Director of this corporation is:

Raymond M. DiRocco  
6610 N. University Dr., Suite 220  
Tamarac, FL 33321

#### **ARTICLE VI**

##### **INCORPORATORS**

The name and address of the person signing these Articles is:

Raymond M. DiRocco  
6610 N. University Dr., Suite 220  
Tamarac, FL 33321

#### **ARTICLE VII**

##### **POWERS**

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

#### **ARTICLE VIII**

##### **INDEMNIFICATION**

The corporation shall indemnify any officer or director or former officer or former director to the full extent permitted by law.

**ARTICLE IX**

**AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 18TH day of September , 1997

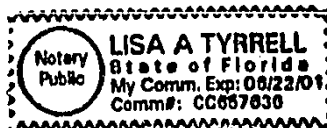


**STATE OF FLORIDA  
COUNTY OF BROWARD**

I HEREBY CERTIFY that on this 18TH Day of September, 1997 personally appeared before me, the undersigned authority, Raymond M. DiRocco/ to me well known and known to me to the individuals described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

  
Notary Public

My commission Expires:



CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

STAFF OPTIONS, INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT 8436 W. OAKLAND PK. BLVD. SUNRISE, COUNTY OF BROWARD, STATE OF FLORIDA AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

Paul M. KNR  
(CORPORATE OFFICER)

TITLE

President

DATE

10-17-97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

Paul M. KNR

DATE

10-17-97

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