

OFFICE USE ONLY (Document #)

HAZARDUS CORPORATE FILING SERVICE, INC.  
(Requestor's Name)

3320 S.W. 87th AVENUE  
(Address)

MIAMI, FLORIDA (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

200002520442--9  
-05/12/98--01058--013  
\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

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

1. STAFFING COMPANY OF SOUTH FLORIDA, 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

FILED  
98 MAY 12 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

RECEIVED  
98 MAY 12 AM 11:01  
DIVISION OF CORPORATION

Examiner's Initials

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

STAFFING COMPANY OF SOUTH FLORIDA, INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 MAY 12 PM 2:01

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## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4483 NW 36 ST SUITE 218  
MIAMI SPRINGS, FL. 33166

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES OF \$1.00

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AMAURY A. AMARANTE.  
4483 NW 36 ST SUITE 218  
MIAMI SPRINGS, FL 33166

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

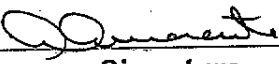
AMAURY A. AMARANTE & MARIA DE LOS ANGELES PILOTO  
4483 NW 36 ST SUITE 218  
MIAMI SPRINGS, FL 33166

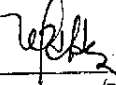
**ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

AMAURY A. AMARANTE & MARIA DE LOS ANGELES PILOTO  
4483 NW 36 ST SUITE 218  
MIAMI SPRINGS, FL 33166

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 11 day of MAY, 1998.

  
\_\_\_\_\_  
Signature PRESIDENT

  
\_\_\_\_\_  
Signature-VICE PRESIDENT

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, 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: STAFFING COMPANY OF SOUTH FLORIDA, INC.

2. The name and address of the registered agent and office is:

AMAURY A. AMARANTE

(NAME)

4483 NW 36 ST SUITE 218

(P.O. BOX NOT ACCEPTABLE)

MIAMI SPRINGS, FL 33166

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

PRESIDENT

VICE PRESIDENT

DATE

5 / 11 / 98

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

98 MAY 12 PM 2:02

FILED

REGISTERED AGENT FILING FEE: \$35.00