FILED 99 OCT || AM ||: 49

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323			SECRETARY OF TALLAHASSEE,	STATE FLORIDA
SUBJECT: Sout	th Florida Employment (Proposed corpor	Opportunities, rate name - must include suff	INC.	
Enclosed is an origin	al and one(1) copy of the article		00003011 -10/11/99-0 *****78.75 heck for:	1123005
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Name (P	F Cirminiallo rinted or typed)		 ·
	9629 wishing	COLD Arive # 186		<u>.</u> .
	Coral Spring	State & Zip	3016	. :
	954-340 - Daytime T	COSS ielephone number		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION.

The undersigned incorporator, for the	purpose of forming a	corporation under the Florida
Business Corporation Act, hereby adop		

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ARTICLE I NAME

The name of the corporation shall be:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

South Florida Employment Opportunities, Inc.

PRINCIPAL OFFICE

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

9629 Westview Drive #180 Coral Springs, Florida

ARTICLE III SHARES

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

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jeff Cirminiello

9629 Westview Drive #180, Coral Springs, Florida, 33076

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jeff Cirminiello 9629 Westview Drive #180 Coral Springs, Florida 33076

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date