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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

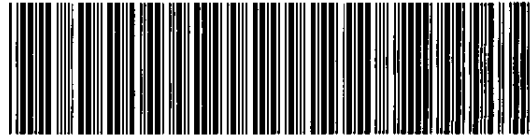
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/15/11--01018--015 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 15 PM 2:50

APPROVED
AND
FILED

1/1

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Allstaff, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Thomas D. Bolticoff and Melanie M. Traveler
Name (Printed or typed)

4610 Friar Tuck Ln.
Address

Sarasota, FL 34232
City, State & Zip

941-371-8698
Daytime Telephone number

tombolticoff@earthlink.net
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME Allstaff, Inc.
The name of the corporation shall be:

AUG 15 PM 2:50

ARTICLE II PRINCIPAL OFFICE
Principal street address
4610 Friar Tuck Ln.
Sarasota, FL 34232

SECRETARY OF STATE
MAILING ADDRESS: FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Staffing Service

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas D. Bolticoff, President Name and Title: _____
Address: 4610 Friar Tuck Ln. Address: _____
Sarasota, FL 34232

Name and Title: Melanie M. Traveler, Vice President Name and Title: _____
Address: 4610 Friar Tuck Ln. Address: _____
Sarasota, FL 34232

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: Thomas D. Bolticoff
Address: 4610 Friar Tuck Ln.
Sarasota, FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melanie M. Traveler
Address: 4610 Friar Tuck Ln.
Sarasota, FL 34232

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

Required Signature/Registered Agent THOMAS BOLTICOFF 8/11/11
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.

Required Signature/Incorporator Melanie Traveler 8/11/11
Date