

# F16000004954

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

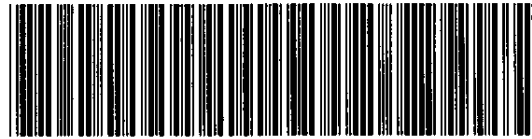
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Date: 10/26/2016

Account #: 120000000088

Name: Marisa Kugelman

Reference #: M083939

ENTITY NAME: HRADVANTAGE, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

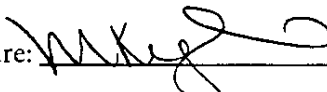
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: \_\_\_\_\_

Authorized Amount: \$70.00

Signature: 

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: [info@nationalcorp.com](mailto:info@nationalcorp.com) Website: [www.nationalcorp.com](http://www.nationalcorp.com)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2016

NATIONAL CORPORATE RESEARCH, LTD

SUBJECT: HRADVANTAGE, INC.  
Ref. Number: W16000073042

We have received your document for HRADVANTAGE, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L11000035866 HR ADVANTAGE, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 716A00023061

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HRAdvantage, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Pam Cyr

Name of Person

WeDoHR

Firm/Company

515 NW Saltzman Rd. #919

Address

Portland OR 97229

City/State and Zip code

pam@wedohr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Orr

Name of Person

at ( 866 )

Area Code

621-3519

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. HRAdvantage, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HRAdvantage of Oregon, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OR 3. 81-3589116  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/18/2016 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1225 NW Murray Rd Ste 205 Portland OR 97229  
(Principal office address)

515 NW Saltzman Rd. #919 Portland, OR 97229

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: National Corporate Research, Ltd., Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

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16 NOV -3 AM 9:48  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

En BHO ASSISTANT SECRETARY  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Julie Caputo

Address: 515 NW Saltzman Rd. #919

Portland OR 97229

Vice Chairman: Julie Caputo

Address: 515 NW Saltzman Rd. #919

Portland OR 97229

Director: Julie Caputo

Address: 515 NW Saltzman Rd. #919

Portland OR 97229

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Julie Caputo

Address: 515 NW Saltzman Rd. #919

Portland OR 97229

Vice President: Julie Caputo

Address: 515 NW Saltzman Rd. #919

Portland OR 97229

Secretary: Julie Caputo

Address: 515 NW Saltzman Rd. #919

Treasurer: Julie Caputo

Address: 515 NW Saltzman Rd. #919

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Julie Caputo President

(Typed or printed name and capacity of person signing application)

FILED  
16 NOV - 3 AM 9:58  
TALLAHASSEE, FLORIDA

# *State of Oregon*

OFFICE OF THE SECRETARY OF STATE  
*Corporation Division*

## **Certificate of Existence 979C322U1**

*I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

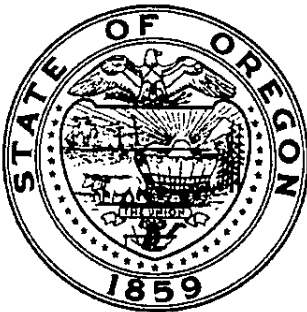
**HRADVANTAGE, INC.**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*

*Jeanne P. Atkins*

**JEANNE P. ATKINS, SECRETARY OF STATE**

**10/25/2016**