

F17000001140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NOT Avail to Sign W17-16427

Office Use Only



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02/23/17--01020--005 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR -8 PM 1:58

FILED

K. SALY
MAR 10 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2017

ANGELA HAMILTON
HAMILTON STAFFING SOLUTIONS, INC.
P.O. BOX 560353
MONTVERDE, FL 34756

SUBJECT: HAMELTON STAFFING SOLUTIONS, INC.
Ref. Number: W17000016427

We have received your document for HAMELTON STAFFING SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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 P16000000520 "HAMILTON STAFFING SOLUTIONS, INC.".

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 117A00003680

RECEIVED
MAR -8 AM 11:51
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAMILTON STAFFING SOLUTIONS, 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:

ANGELA HAMILTON

Name of Person

HAMILTON STAFFING SOLUTIONS, INC

Firm/Company

PO BOX 560353

Address

MONTVERDE, FL 34756

City/State and Zip code

angela.h@hamiltonstaffingsolutions.com

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

For further information concerning this matter, please call:

ANGELA HAMILTON

352 354-8777
at ()

Name of Person

Area Code

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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Karen A. Saly
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

March 4, 2017

Dear Karen,

RE: P16000000520 – Hamilton Staffing Solutions, Inc. Letter ref 117A00003680

Thank you so much for contacting me with regard to the use of the name Hamilton Staffing Solutions, Inc. This company was originally formed in Florida on December 30, 2016 but was moved to Wyoming in 2016. I have no intention of reinstating the company in Florida and instead will operate as a registered foreign entity from a satellite office in the State. Therefore, I would formally like to release the name for use to the new entity.

The application form is enclosed complete with missing signature. If you have further questions please feel free to contact me at any of the numbers below.

With Best Regards,
Angela Hamilton

A handwritten signature in black ink, appearing to read "Angela Hamilton", is written over a horizontal line.

Angela Hamilton, CEO
Office: 352-394-8777
Toll free: 888-339-9158
Cell: 352-613-5894
Fax: 800-520-6864
Web: www.hamiltonstaffingsolutions.com

30 Gould, Suite 4004, Sheridan, WY 82801
888-339-9158

PO Box 560353, Montverde, FL 34756
352-384-8777

**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.*

HAMILTON STAFFING SOLUTIONS, INC.

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

HAMILTON STAFFING

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

2. WY 3. 81-0981399
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/21/2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

BUSINESS NOT CURRENTLY BEING CONDUCTED IN FL BUT IS LIKELY TO BE CONDUCTED IN 2017

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

7. 30 N GOULD, STE 4004, SHERIDAN, WY 82801
(Principal office address)

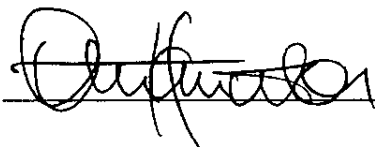
PO BOX 560353, MONTVERDE, FL 34756
(Current mailing address, if different)

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

Name: ANGELA HAMILTON
Office Address: 250 MOHAWK ROAD
CLERMONT, Florida 34715
(City) (Zip code)

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.


(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.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ANGELA HAMILTON

Address: 17143 FOSGATE ROAD, MONTVERDE, FL 34756

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. ANGELA HAMILTON, PRESIDENT

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

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2017 MAR -8 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Hamilton Staffing Solutions, Inc.

is a

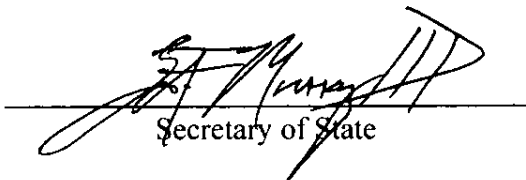
Profit Corporation

formed or qualified under the laws of Wyoming did on **October 21, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000730199**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of February, 2017 at 10:03 AM. This certificate is assigned 022265219.




Secretary of State

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CLERK OF STATE
TALLAHASSEE, FLORIDA