

N/6000002413

(Requestor's Name)

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COVER LETTER

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

SUBJECT: Independent Association of Remedy Franchisees, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Brian S. Rose
Name (Printed or typed)
12961 North Main Street, Suite 103
Address
Jacksonville, FL 32218
City, State & Zip
904-710-2950
Daytime Telephone number
brian.rose@remedystaff.com
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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Independent Association of Remedy Franchisees, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
12961 North Main Street, Suite 103

Jacksonville, FL 32218

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To function and act as a trademark specific independent franchisee association.

To foster and promote the interests of those individuals and entities who are franchisees of Remedy Intelligent Staffing, LLC.

To promote best practices and enhance the growth, economic investments and profitability of franchisees.

To unite all franchisees to consider, agree and act in unison upon all matters affecting the activities and businesses of its members.

To cooperate for the improvement of the legal, business and financial conditions of all franchisees

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected: appointed by the members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian S. Rose, President and Director

Name and Title: _____

Address 12961 North Main Street, Suite 103

Address: _____

Jacksonville, FL 32218

Name and Title: Jeffrey S. Weber, Treasurer and Director

Name and Title: _____

Address 403 Main Street, Suite 106

Address: _____

Buffalo, NY 14203

Name and Title: James Holwerda, Secretary and Director

Name and Title: _____

Address 4602 Biltmore Lane, Suite 112

Address: _____

Madison, WI 53718

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Brian S. Rose
Address: 12961 North Main Street, Suite 103
Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian S. Rose
Address: 12961 North Main Street, Suite 103
Jacksonville, FL 32218

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CORPORATIONS
15 FEB 25 PM 12:59

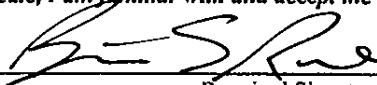
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 of Registered Agent

2/22/16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

2/22/16

Date