

N18000005527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

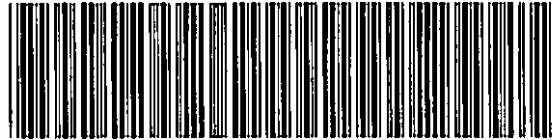
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2018 MAY 14 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Polaris Employment Network, 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: Edward Rosado

Name (Printed or typed)

4023 N. Armenia Ave, Ste. 430

Address

Tampa, FL 33607

City, State & Zip

(813) 703-4183

Daytime Telephone number

ed@excaliburlawinc.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: Polaris Employment Network, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4023 N. Armenia Ave, Ste. 430

Tampa, FL 33607

Mailing address, if different is:
PO Box 25401

Tampa, FL 33622

ARTICLE III PURPOSE

Said organization is organized exclusively for charitable, religious, educational
The purpose for which the corporation is organized is: _____
and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organization
under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon dissolution of the
organization, assets shall be distributed for one or more exempt purposes withing the meaning of section 501(c)(3) of the Internal
Revenue Code or corresponding section of any future federal tax code or shall be distributed to the federal government or to a state or
local government for a public purpose. Assets not disposed of shall be disposed of by the Court of Common Pleas of the county in
which principal office is then located, as said Court shall determine, which are organized and operated exclusively for such purpose.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed by Trustee;

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward Rosado, Trustee

Address: 4023 N. Armenia Ave, Ste. 430
Tampa, FL 33607

Name and Title: John Wehrung, Trustee

Address: 4023 N. Armenia Ave, Ste. 430
Tampa, FL 33607

Name and Title: Robert Farkas, Trustee

Address: 4023 N. Armenia Ave, Ste. 430
Tampa, FL 33607

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 14 AM 11:42

FILED

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: Edward Rosado

Address: 4023 N. Armenia Ave, Ste. 430

Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edward Rosado

Address: 4023 N. Armenia Ave, Ste. 430

Tampa, FL 33607

ARTICLE VIII EFFECTIVE DATE: June 6, 2018

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 days prior or 90 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

May 10, 2018

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

May 10, 2018

Date