

N25000002526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

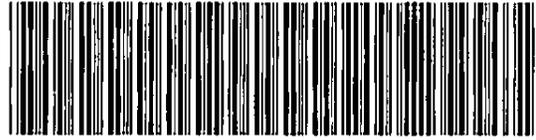
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900444840479

03/04/25-01001--013 70.00

RECEIVED  
2025 MAR -4 AM 11:30  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

---

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

---

**WALK IN**

PICK UP: 3/04 MEGHAN

CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

CUS \_\_\_\_\_

XX FILING CORP \_\_\_\_\_

1. HUDSON WORKFORCE ALLIANCE CORP

(CORPORATE NAME AND DOCUMENT #)

2.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

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

**SUBJECT: Hudson Workforce Alliance Corp**  
**(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: Dominick Corigliano Sr \_\_\_\_\_  
Name (Printed or typed)

8835 Denton Ave \_\_\_\_\_  
Address

Hudson, FL 34667 \_\_\_\_\_  
City, State & Zip

727 678-6683 \_\_\_\_\_  
Daytime Telephone number

dominick@295cash.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: Hudson Workforce Alliance Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address: <u>8835 Denton Ave</u> <u>Hudson, FL 34667</u>	Mailing address, if different is: <u>5118 Main Street</u> <u>New Port Richey, FL 34652</u>
---	--

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To bring jobs and employees together in an area where people who lost everything }  
Live. }  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

Directed by the Bylaws \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dominick Corigliano Sr President _____	Name and Title: Fausto Roldan Jr Vice President _____
Address: <u>17939 Oxenham Ave</u> <u>Spring Hill, FL 34610</u>	Address: <u>5118 Main St New Port Richey, FL 34652</u>
_____	_____

Name and Title: Anthony Roldan Treasurer _____	Name and Title: Anthony Corigliano Jr Secretary _____
Address: <u>5118 Main St</u> <u>New Port Richey, FL 34652</u>	Address: <u>5118 Main St</u> <u>New Port Richey, FL 34652</u>
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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: Dominick Corigliano Sr \_\_\_\_\_

Address: 17939 Oxenham Ave \_\_\_\_\_  
Springhill, FL 34610 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dominick Corigliano Sr \_\_\_\_\_

Address: 17939 Oxenham Ave \_\_\_\_\_  
Springhill, FL 34610 \_\_\_\_\_

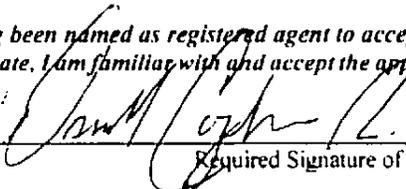
**ARTICLE VIII EFFECTIVE DATE:**

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 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.

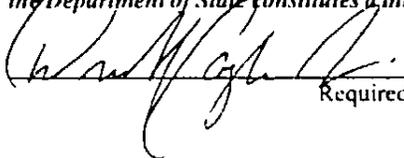
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

3-3-25  
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

3-3-25  
Date