

PO3000060802

(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



000019571740

05/27/03--01024--007 \*\*18.75

FILED

03 MAY 27 PM 5:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Am 1/13

## TRANSMITTAL LETTER

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

SUBJECT: EMPLOYEE RESOURCES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: WILLIAM H. CORKINS III  
Name (Printed or typed)

3515 PINE GROVE AVE. SUITE 400  
Address

PORT HURON, MI 48060  
City, State & Zip

1-810-984-5678 # 27  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

Employee Resources, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3515 Pine Grove Ave., Port Huron, MI 48060

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Employee and Benefits Administration

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

William H. Corkins III, 3303 Lori Lane, NewPort Richey, Florida  
34655

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William H. Corkins III, 3515 Pine Grove Ave., Port Huron,  
Michigan 48060

\*\*\*\*\*  
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

  
Signature/Registered Agent

05/23/03  
Date

  
Signature/Incorporator

05/23/03  
Date

FILED  
03 MAY 27 PM 5:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA