

P03000065081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

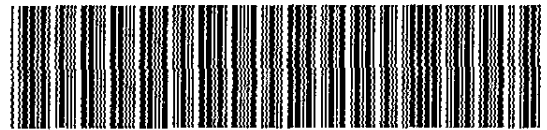
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/03--01024--012 **78.75

FILED
03 JUN-9 AM 9:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT: VRB WORKFORCE, 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

☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DEBBIE A. BARRETT
Name (Printed or typed)

6101 N Falls Circle Drive #302
Address

Lauderhill, FL 33319
City, State & Zip

(954) 733-4103
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:

VRB Workforce, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6101 N Falls Circle Drive #302
Lauderhill, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Corporation

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):

PRESIDENT
Debbie A. Barrett
6101 N Falls Circle Drive #302
Lauderhill, FL 33319

ARTICLE VI REGISTERED AGENT

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

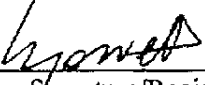
Debbie A. Barrett
6101 N Falls Circle Drive #302
Lauderhill, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Debbie A. Barrett
6101 N Falls Circle Drive #302
Lauderhill, FL 33319

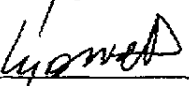
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6/5/03

Date



Signature/Incorporator

6/5/03

Date

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03 JUN -9 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA