

P04000132007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

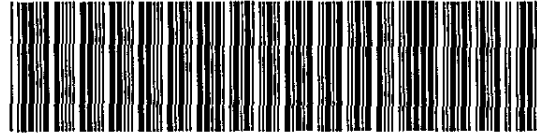
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 SEP 20 PM 12:03

SECRETARY OF STATE
FALL AHASSI (11/09/11)

9/21

TRANSMITTAL LETTER

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

SUBJECT: Total Employee Solutions, 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 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Patrick M. Lange

Name (Printed or typed)

105 West Magnolia Street

Address

Arcadia, Florida 34266

City, State & Zip

863-993-0700

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:

Total Employee Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

105 West Magnolia Street
Arcadia, Florida 34266

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business activities.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Phillip Robin Johnson- President
P.O. Box 1341
Arcadia, Florida 34265

Patrick M. Lange - Vice President
105 West Magnolia Street
Arcadia, Florida 34266

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

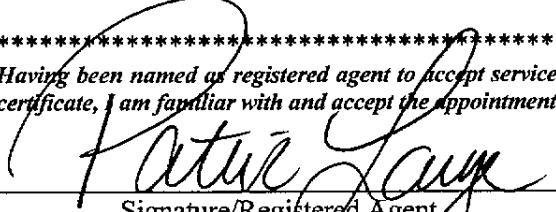
Patrick M. Lange
105 West Magnolia Street
Arcadia, Florida 34266

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

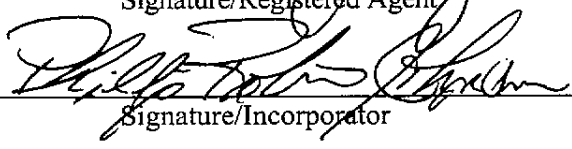
Phillip Robin Johnson
P.O. Box 1341
Arcadia, Florida 34265

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

07/23/2004

Date


Signature/Incorporator

07/23/2004

Date

FILED
04 SEP 20 PM 12: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA