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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer: 1 . A 4/
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TRANSMITTAL LETTER

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

	(PROPOSED CORPOR)	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
inclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for: 387.50
□ \$70.00	Filing Fee	Filing Fee	•
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Filing Fee		<u> </u>	Contified Cons
Filing Fee	& Certificate of Status	& Certified Copy	Certified Copy
Filing Fee		<u> </u>	Certified Copy & Certificate of Status

FROM:	Richard D. Alls Name (Printed or typed)			
	8817 Pine Tree Drive			
	Address			
	Lakeland, FL 33809			
	City, State & Zip			
	(863) 712-5000			
	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:

ALL SKILLED STAFFING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4404 S. Florida Avenue Ste 14 Lakeland, FL 33813

ARTICLE III ___PURPOSE

The purpose for which the corporation is organized is:

To engage in construction skilled personnel.

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Richard D. Alls - President 8817 Pine Tree Drive Lakeland, FL 33809

ARTICLE VI REGISTERED AGENT

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

Richard D. Alls 8817 Pine Tree Drive Lakeland, FL 33809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Richard D. Alls 8817 Pine Tree Drive Lakeland, FL 33809

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

ed to before me on this

iled I Alla

Signature/Registered Agent

8-2-05 Date

8-2-05

CLIFFORD D. RUTLEDGE

Notary Public - State of Florida My Commission Expires Jan 30, 2006 Commission # DD 069292 STATE OF FLORIDA COUNTY OF POLK.

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