

P06000125725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

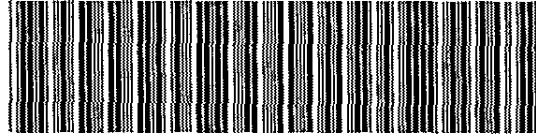
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Employer Solutions Plus, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Torran L. Sloan
Name (Printed or typed)

1050 Starkey Rd. Unit #2505
Address

Largo, FL 33771
City, State & Zip

727.587.0990
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:

Employer Solutions Plus, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1050 Starkey Rd, Unit # 2505
Largo, FL 33777

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

marketing of PED services

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Torrin L. Sloan, President
1050 Starkey Rd, Unit # 2505
Largo, FL 33777

ARTICLE VI REGISTERED AGENT

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

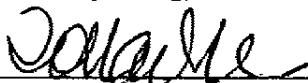
Torrin L. Sloan
1050 Starkey Rd, Unit # 2505
Largo, FL 33777

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Torrin L. Sloan
1050 Starkey Rd, Unit # 2505
Largo, FL 33777

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



Signature/Incorporator

9.27.06

Date

9.27.06

Date

2006 OCT -2 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED