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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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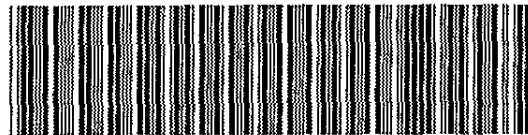
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JAN 24 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7d

COVER LETTER

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

SUBJECT: Central Florida Staffing Services, 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: Marie Anne Theriault

Name (Printed or typed)

7227 Switchgrass Trail

Address

Bradenton, FL 34202

City, State & Zip

941-373-6304

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:

Central Florida Staffing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7227 Switchgrass Trail Bradenton, FL 34202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

profit / Labor Staffing / employment

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marie Anne Theriault / President

7227 Switchgrass Trail

Bradenton, FL 34202

ARTICLE VI REGISTERED AGENT

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

Marie Anne Theriault

7227 Switchgrass Trail

Bradenton, FL 34202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marie Anne Theriault

7227 Switchgrass Trail

Bradenton, FL 34202

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

Date

Date

FILED

07 JAN 24 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA