

PO7000105343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

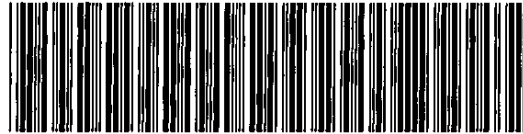
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 SEP 21 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RE*

## COVER LETTER

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

SUBJECT: ZONE EVENT STAFFING CORP.

(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: ROSANNE E BOSSE

Name (Printed or typed)

1000 DEREK LANE

Address

OLDSMAR, FLORIDA 34677

City, State & Zip

813-676-3767

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:

ZONE EVENT STAFFING CORP.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1000 DEREK LANE, OLDSMAR FLORIDA 34677

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

## **ARTICLE IV SHARES**

The number of shares of stock is:

10,000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

MICHAEL R BOSSE, SR - PRESIDENT  
ROSANNE E BOSSE - VICE PRESIDENT  
JACQUELINE CLAUS - SEC.

## **ARTICLE VI REGISTERED AGENT**

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

ROSANNE E BOSSE  
1000 DEREK LANE  
OLDSMAR, FLORIDA 34677

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROSANNE E BOSSE  
1000 DEREK LANE  
OLDSMAR, FLORIDA 34677

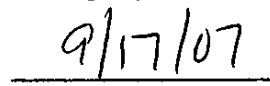
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

FILED  
07 SEP 21 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date

9/17/07

  
\_\_\_\_\_  
Date

9/17/07