

PO7000110555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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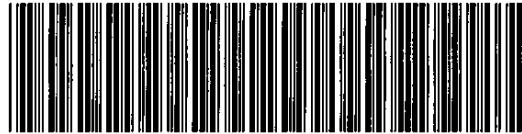
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS
10/9/07

COVER LETTER

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

SUBJECT: Chauncey Staffing, 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

JOHN W. CHAUNCEY
V. G. B. M. C. L.
P. O. Box 6327
Tallahassee, FL 32314

FROM: Clint W. Chauncey

Name (Printed or typed)

449 SW Woodcrest Drive

Address

Lake City, FL 32024

City, State & Zip

386-719-4868

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:

Chauncey Staffing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

449 SW Woodcrest Drive

Lake City, FL 32024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical staffing for medical facilities, in the State of Florida, requiring augmentation to their medical staff.

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):

Clint W. Chauncey, President

449 SW Woodcrest Drive

Lake City, FL 32024

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TALLAHASSEE, FLORIDA

ARTICLE VI . REGISTERED AGENT

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

Clint W. Chauncey
449 SW Woodcrest Drive
Lake City, FL 32024

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Clint W. Chauncey
449 SW Woodcrest Drive
Lake City, FL 32024

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

Clint W. Chauncey
Signature/Registered Agent

September 30, 2007

Date

Clint W. Chauncey
Signature/Incorporator

September 30, 2007

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA