

P09000051182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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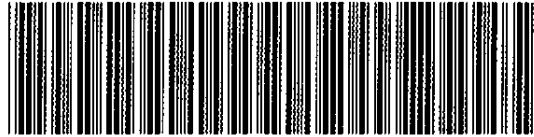
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DP

COVER LETTER

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

SUBJECT: PEO & HR CONSULTANTS, 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: CHARLES D BLALOCK
Name (Printed or typed)

1007 FAIRWINDS CR SUITE 207
Address

PLANT CITY, FL 33563
City, State & Zip

813-752-6943
Daytime Telephone number

cha.tampa@verizon.net
E-mail address: (to be used for future annual report notification)

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: PEO & HR CONSULTANTS, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

513 GOODWOOD DRIVE
LUTZ, FL 33549

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
GENERAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROBERT T JONES PRESIDENT
513 GOODWOOD DRIVE
LUTZ, FL 33549

ARTICLE VI REGISTERED AGENT

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

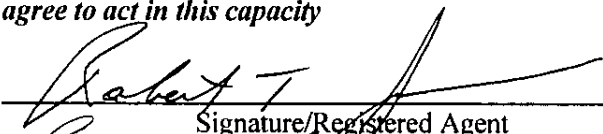
ROBERT T JONES
513 GOODWOOD DRIVE
LUTZ, FL 33549

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT T JONES
513 GOODWOOD DRIVE
LUTZ, FL 33549

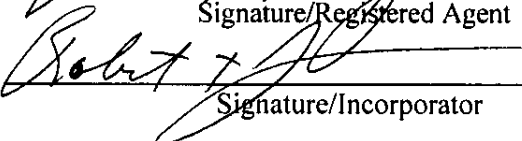
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-9-09

Date



Signature/Incorporator

6-9-09

Date

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