

P11000033171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

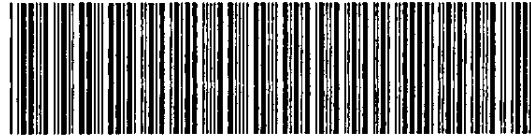
(Business Entity Name)

(Document Number)

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02/14/11--01008--001 **78.75

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2011 FEB 14 PM 4:41
SEAL STATE
TALLAHASSEE FLORIDA

1 Bush 2011

COVER LETTER

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

SUBJECT: C.A.W. Solutions of Florida, 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: Pam Gallups
Name (Printed or typed)

5807 Tanglewood Drive
Address

Milton, FL 32570
City, State & Zip

(850) 232-3648
Daytime Telephone number

Pam@cwsolutions.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

205-735-0211



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 APR -4 PM 1:29
DIVISION OF CORPORATIONS

February 15, 2011

PAM GALLUPS
5807 TANGLEWOOD DRIVE
MILTON, FL 32570

SUBJECT: C.A.W. SOLUTIONS OF FLORIDA, INC.
Ref. Number: W11000008972

We have received your document for C.A.W. SOLUTIONS OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

letter of release attached { The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

articles attached { Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 711A00003845



P.O. Box 667
Warrior, AL 35180
www.cawsolutions.com

866-945-7845
205-735-0013
Fax: 205-735-0211

February 23, 2011

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314


To Whom It May Concern:

Re: CAW Solutions, Inc.
Doc. # F09000003036

We would like to release the name C.A.W. Solutions, Inc. that is currently inactive. We will not reinstate this name for the purpose of doing business in the state of Florida. We have decided to incorporate in the state of Florida as C.A.W. Solutions of Florida, Inc. We have included the articles for the new corporation. All fees have been paid. We ask that the corporation and name, C.A.W. Solutions of Florida, Inc., be accepted as of 2/15/2011 when the papers were originally filed.

Thank you for your prompt attention to this matter.

Sincerely,



Timothy Wilemon
C A W Solutions Inc

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: C.A.W. Solutions of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5807 Tanglewood Drive
Milton, FL 32570

Mailing address, if different is:

P.O. Box 667
Warrior, AL 35180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide temporary employment services to businesses in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tim Wilkerson President
Address: P.O. Box 667
Warrior, AL 35180

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Pam Gallups
Address: 5807 Tanglewood Drive
Milton, FL 32570

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joshua Perry
Address: P.O. Box 667
Warrior, AL 35180

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

Pam Gallups

Required Signature/Registered Agent

2/11/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joshua Perry
Required Signature/Incorporator

2/11/11
Date