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TALLAHASSEE, FLORIDA

✓ 08/31/11

COVER LETTER

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

SUBJECT: NATIONAL EMPLOYER 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: RAYMOND TRINIDAD
Name (Printed or typed)

8131 SAYBROOK DR
Address

PORT RICHIE FL 34668
City, State & Zip

813-928-4787
Daytime Telephone number

TRINIDAD@TAMPA BAY.FL.COM
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: NATIONAL EMPLOYER CONSULTANTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8131 SAYBROOK DR
PORT RICHEY, FL 34668

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BROKER/CONSULTANT FOR PROFESSIONAL EMPLOYER ORGANIZATIONS
PAYROLL, WORKERS COMPENSATION, BENEFITS & SAFETY RISK MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAYMOND J TRINIDAD PRES
Address: 8131 SAYBROOK DR
PORT RICHEY FL 34668

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: RAYMOND TRINIDAD
Address: 8131 SAYBROOK DR
PORT RICHEY FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAYMOND TRINIDAD
Address: 8131 SAYBROOK DR
PORT RICHEY FL 34668

11 AUG 29 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Required Signature/Registered Agent

8-24-11
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.

[Signature]
Required Signature/Incorporator

8-24-11
Date