P12000034736

(Requestor's Name) (Address) (Address)	500226180
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	04/05/1201006C
Certified Copies Certificates of Status	

Office Use Only

815

**70.00



T. Bruch APR 1.1 7072

COVER LETTER

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

SUBJECT: A1 VIRTUAL EMPLOYMENT 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 \$87.50 \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED FROM: CLAYTON HARMON Name (Printed or typed) 2301 SUNRISE DR ST. PETERSBURG, FL, 33705 City, State & Zip (727) 210-5405 Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2012

CLAYTON HARMON 2301 SUNRISE DR S.E. ST. PETERSBURG, FL 33705

SUBJECT: A1 VIRTUAL EMPLOYMENT

Ref. Number: W12000019422

We have received your document for A1 VIRTUAL EMPLOYMENT and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 112A00011206

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpo	AME oration shall be: A1 VIRTUA	L EMPLOYME	NT INC.
230	Principal office Principal street address O1 SUNRISE DR. S.E. PETERSBURG, FL, 33705	Mailing ac	ddress, if different is:
ARTICLE III PUT The purpose for which P		/IRTUAL	TE APR 10 PM
ARTICLE IV S. The number of shares ARTICLE V II	HARES	CTORS Name and Title:	公司 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Address:	3864 NEPTUNE DR. S.E. ST. PETERSBURG, FL, 3370	Address:	
Name and Title Address:			
Name and Title Address:			
	egistered agent a street address (P.O. Box NOT accepts CLAYTON HARMON 3864 NEPTUNE DR. S. ST. PETERSBURG, FL. 33	 E	
	CORPORATOR ss of the Incorporator is: CLAYTON HARMON 3864 NEPTUNE DR. S.E ST. PETERSBURG, FL. 33		
Having been named of this certificate, I am for	as registered agent to accept service of militar vitte and accept the appointment	process for the above stated corpo as registered agent and agree to a	ct in this capacity
	YV Signatura / Decisional A		4/6/2012
	Required Signature/Registered Age not and affirm that the facts stated here riment of State constitutes a third degree	in are true. I am aware that the	
I Ka	1/		4/6/2012
	Required Signature/Incorporator		Date