

# P12000058956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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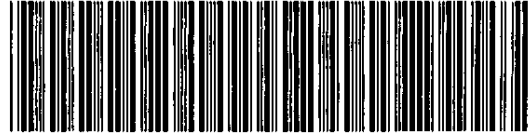
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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## COVER LETTER

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

SUBJECT: INTEGRATED WORKFORCE SOLUTIONS 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: DEIRDRE KELLY  
Name (Printed or typed)

1805 SANS SOUCI BLVD #421  
Address

N. MIAMI FL 33181  
City, State & Zip

305.213.3480  
Daytime Telephone number

DKELLY4198@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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**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: INTEGRATED WORKFORCE SOLUTIONS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1805 SANS Souci BLVD #421  
NORTH MIAMI FL 33181

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE A SERVICE FOR PROFIT.

**ARTICLE IV SHARES**

The number of shares of stock is:

25

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DEIRDRE KELLY Pres, Dir

Address: 1805 SANS Souci Blvd  
SUITE #421  
N. MIAMI FL 33181

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: DEIRDRE KELLY

Address: 1805 SANS Souci Blvd #421  
N MIAMI FL 33181

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DEIRDRE KELLY

Address: 1805 SANS Souci Blvd #421  
N MIAMI FL 33181

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

Deirdre Kelly  
Required Signature/Registered Agent

06.28.12

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.

Deirdre Kelly  
Required Signature/Incorporator

06.28.12

Date

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