

P12000100296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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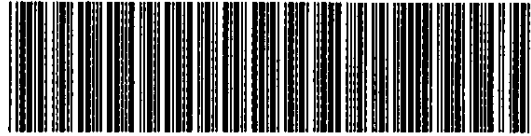
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UH

COVER LETTER

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

SUBJECT: KEYSTONE STAFFING, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Albert Fernandez
Name (Printed or typed)
7200 Corporate Center Drive Suite 510
Address
Miami, FL 33126
City, State & Zip
(786) 336-1541
Daytime Telephone number
afernandez@insurepropublicadjusters.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: **KEYSTONE STAFFING, INC.**

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
7200 CORPORATE CENTER DRIVE SUITE 510
MIAMI, FL 33126

Mailing address, if different is:

P.O BOX 52-3454
MIAMI, FL 33152

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **EMPLOYMENT SERVICES**

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALBERT FERNANDEZ, PRESIDENT
Address: 7200 CORPORATE CENTER DRIVE SUITE 510
MIAMI, FL 33126

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:

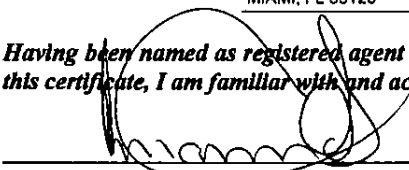
Name: ALBERT FERNANDEZ
Address: 7200 CORPORATE CENTER DRIVE SUITE 510
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALBERT FERNANDEZ
Address: 7200 CORPORATE CENTER DRIVE SUITE 510
MIAMI, FL 33126

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

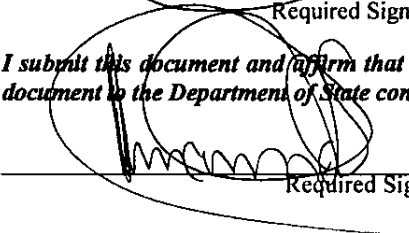


Required Signature/Registered Agent

12/03/2012

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.



Required Signature/Incorporator

12/03/2012

Date