

PI 3000057375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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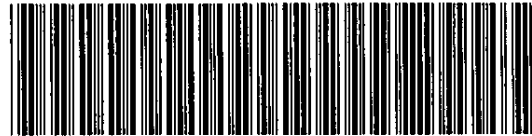
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -1 AM 11:46

PS 7/1/13

COVER LETTER

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

SUBJECT: Choice PEO Consulting 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: Karen Alston

Name (Printed or typed)

1177 Nikki View Dr

Address

Brandon, FL 33511

City, State & Zip

(813) 643-4000

Daytime Telephone number

kalston@choicehr.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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Choice PEO Consulting Inc

13 JUL -1 AM 11:44

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1177 Nikki View Dr

Brandon, FL 33511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To own and/or operate any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Liess, President

Address: 1177 Nikki View Dr
Brandon, FL 33511

Name and Title: Steven Harper, CEO

Address: 1177 Nikki View Dr
Brandon, FL 33511

Name and Title: Gary Cona, VP

Address: 1177 Nikki View Dr
Brandon, FL 33511

Name and Title: Chris Cona, Secretary

Address: 1177 Nikki View Dr
Brandon, FL 33511

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

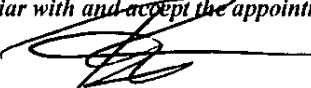
Name: Robert Liess
Address: 1177 Nikki View Dr
Brandon, FL 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Liess
Address: 1177 Nikki View Dr
Brandon, FL 33511

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

6/25/13
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

6/25/13
Date