

P/3000081052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

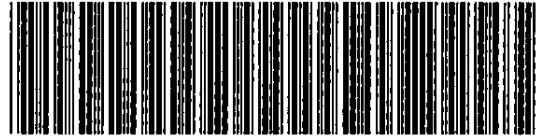
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/01/13--01003--005 **35.00

10/02/13--01015--011 **35.00

DIVISION OF CORPORATIONS

13 SEP 30 PM 4:21

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT -1 PM 3:32

FILED

*00789, 01167, 00672

VH

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FLORIDA PERSONNEL GROUPS INC

Signature _____

Requested by: SETH

10/01/13

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



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13 OCT 21 PM 4:15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2013

Capital Connection Inc
417 E. Virginia St.
Ste 1
Tallahassee, FL 32301

SUBJECT: FLORIDA PERSONNEL GROUPS, INC.
Ref. Number: P11000102763

We have received your document for FLORIDA PERSONNEL GROUPS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution can only be filed within 120 days from the date the Articles of Dissolution were filed. This document cannot be filed because the 120 day period has expired.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 213A00022940

COVER LETTER

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

SUBJECT: Florida Personnel Groups, 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: Oscar J. Delgado

Name (Printed or typed)

14160 Palmetto Frontage Road Suite 33

Address

Miami Lakes, Florida 33016

City, State & Zip

678-232-2660

Daytime Telephone number

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: Florida Personnel Groups, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

14160 Palmetto Frontage Road Suite 33

Miami Lakes, Florida 33016

Mailing address, if different, is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any Legal Sale

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oscar J. Delgado V. P. Name and Title: _____

Address 14160 Palmetto Frontage Road Suite 33 Address: _____

Miami Lakes, Florida 33016

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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13 OCT -1 PM 3:33

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: _____

Oscar J. Delgado V. P.

Address: _____

14160 Palmetto Frontage Road Suite 33

Miami Lakes, Florida 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

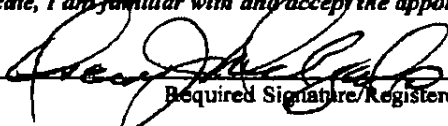
Oscar J. Delgado V. P.

Address: _____

14160 Palmetto Frontage Road Suite 33

Miami Lakes, Florida 33016

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

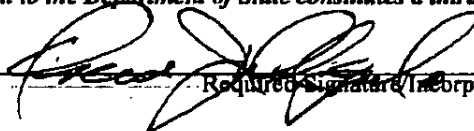


Required Signature/Registered Agent

9/20/2013

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

9/20/2013

Date