

P1400005352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

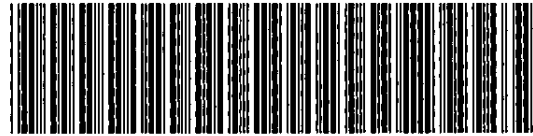
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Certificates of Status ☐

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 14 PM 1:25

[Handwritten signature]
1-14-14

COVER LETTER

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

SUBJECT: Madison PEO of Florida, 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: John L. Billings, Esq.

Name (Printed or typed)

800 Oak Ridge Turnpike, Suite A-1000

Address

Oak Ridge, TN 37830

City, State & Zip

(888)376-9633

Daytime Telephone number

legal@appund.com

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 14 PM 4:25

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: Madison PEO of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

225 W. Seminole Blvd.

Suite 103

Sanford, FL 32771

Mailing address, if different is:

800 Oak Ridge Turnpike

Suite A-1000

Oak Ridge, TN 37830

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activity or
business permitted under the laws of the United States
and of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William M. Arowood, President

Address 225 W. Seminole Blvd.

Suite 409

Sanford, FL 32771

Name and Title: Robert J. Arowood, Secretary

Address: 800 Oak Ridge Turnpike

Suite A-1000

Oak Ridge, TN 37830

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(cont.)

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: Corporation Service Company

Address: 1201 Hays Street
Tallahassee, FL 32301

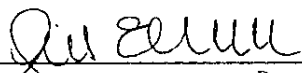
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William M. Arowood

Address: 225 W. Seminole Blvd., Suite 409
Sanford, FL 32301

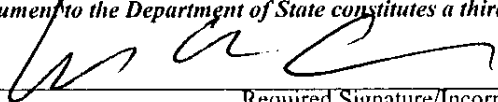
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Jill E. Cilli, AVP

Required Signature/Registered Agent

1/8/14
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

1/13/14
Date