

P14000035378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

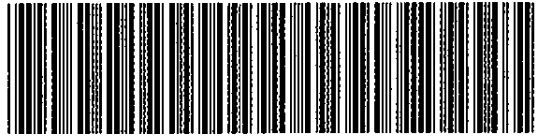
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 18 AM 11:28

COVER LETTER

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

SUBJECT: **PEO LEAD NETWORK, 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: **Timothy L Russell Jr.**
Name (Printed or typed)
1700 Dr Martin Luther King St. N
Address
St Petersburg, Florida 33704
City, State & Zip
727-520-7676
Daytime Telephone number
tlrussell@encorehr.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: PEO Lead Network, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1700 Dr Martin Luther King St. N

St Petersburg, Florida 33704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation provides marketing support for the Professional Employer Organization and insurance industry.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy L Russell Jr., President.

Name and Title: _____

Address 1700 DR Martin Luther King St. N

Address: _____

St Petersburg, Florida 33704

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATE AFFAIRS
14 APR 18 AM 11:29

(conti.)

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: Timothy L Russell Jr.
Address: 1700 Dr Martin Luther King St N
St Petersburg, Florida 33704

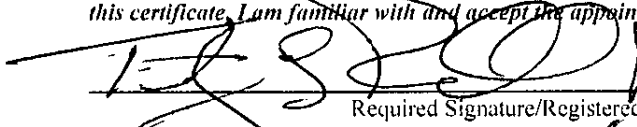
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Timothy L Russell Jr.
Address: 1700 DR Martin Luther King St N
St Petersburg, Florida 33704

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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

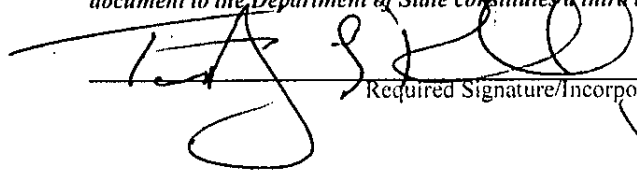


Required Signature/Registered Agent

4/15/14

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

4/15/14

Date