

P14000053465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 18 PM 2:48

~~P14000053465~~  
6/19/14

## COVER LETTER

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

SUBJECT: **PEO Exchange, 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: **Kyla O'Dell**

Name (Printed or typed)

**1120 Bay Area Blvd**

Address

**Houston, Texas 77058**

City, State & Zip

**281-954-6003**

Daytime Telephone number

**erstling@gmail.com**

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 12, 2014

KYLA O'DELL  
1120 BAY AREA BLVD.  
HOUSTON, TX 77058

SUBJECT: PEO EXCHANGE, INC.  
Ref. Number: W14000036651

We have received your document for PEO EXCHANGE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 414A00012776

**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 Exchange, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

11814 Glen Wessex Court  
Tampa, Florida 33626

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to own and operate an insurance agency

**ARTICLE IV SHARES**

The number of shares of stock is: 2,000,000

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DIVISION OF CORPORATIONS  
14 JUN 18 PM 2:48

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Michael Erstling</u>	Name and Title:	<u>Leah Fox Erstling</u>
Address	<u>11814 Glen Wessex Court</u> <u>Tampa, Florida 33626</u>	Address:	<u>11814 Glen Wessex Court</u> <u>Tampa, Florida 33626</u>

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

Name and Title:	_____	Name and Title:	_____
Address	_____	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: Michael Erstling  
Address: 11814 Glen Wessex Court  
Tampa, Florida 33626

**ARTICLE VII INCORPORATOR**

The ~~name and address~~ of the Incorporator is:

Name: Kyla O'Dell  
Address: 1120 Bay Area Blvd  
Houston, Texas 77058

*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

JUNE 17 2014  
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.817.133, F.S.*

  
Required Signature/Incorporator

June 17, 2014  
Date