

PI 4000058399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

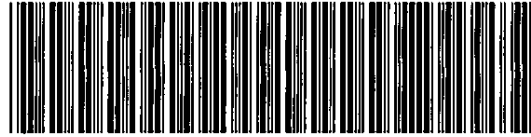
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/31/14--01028--006 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1114-20675 YMD 7/9

COVER LETTER

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

SUBJECT: Unlimited Workforce 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Shermanda Jean-Francois
Name (Printed or typed)

2611 SW College Road
Address

Ocala
City, State & Zip

561-512-5228
Daytime Telephone number

sherms64@hotmail.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

April 1, 2014

SHERMANDA JEAN-FRANCOIS
2611 SW COLLEGE ROAD
OCALA, FL 34471

SUBJECT: UNLIMITED WORKFORCE INC
Ref. Number: W14000020675

We have received your document for UNLIMITED WORKFORCE INC and your check(s) totaling \$78.75. 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 the corrected original and one copy of 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 014A00006916



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2014

SHERMANDA JEAN-FRANCOIS
2611 SW COLLEGE ROAD
STE. C
OCALA, FL 34471

2ND MAILING

SUBJECT: UNLIMITED WORKFORCE INC
Ref. Number: W14000020675

We have received your document for UNLIMITED WORKFORCE INC and your check(s) totaling \$78.75. 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 the corrected original and one copy of 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 014A00006916

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: Unlimited Workforce Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2611 Sw College Road
STE. C
Ocala, FL 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shermanda Jean-Francois, Director Name and Title: _____

Address: 2611 Sw College Road Address: _____
STE. C _____
Ocala, FL 34471 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Shermanda Jean-francois
 Address: 2611 Sw College Road, STE. C
Ocala, FL 34471

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shermanda Jean-francois
 Address: 2611 Sw College Road, STE. C
Ocala FL, 34471

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 30, 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.817.155, F.S.

 Required Signature/Incorporator

June 30, 2014
 Date