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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

11/10/14

## COVER LETTER

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

**SUBJECT: MICRO TECH STAFFING 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  
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: DAVID SORGI, ESQ.**

Name (Printed or typed)

**6 BEACON STREET, SUITE 1010**

Address

**BOSTON, MA 02108**

City, State & Zip

**617-742-2150**

Daytime Telephone number

**ds@sullivansorgi.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: MICRO TECH STAFFING OF FLORIDA, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

275 INDIES WAY

UNIT 1604

NAPLES, FLORIDA 34110

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PAYROLL AND RELATED MANAGEMENT SERVICES

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Joseph T. Donahue, President

Name and Title: \_\_\_\_\_

Address 275 INDIES WAY

Address: \_\_\_\_\_

UNIT 1604

NAPLES, FL 34110

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(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: JOSEPH T. DONAHUE  
Address: 275 INDIES WAY, #1604  
NAPLES, FL 34110

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSEPH T. DONAHUE  
Address: 275 INDIES WAY, #1604  
NAPLES, FL 34110

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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*

Joseph T. Donahue  
JOSEPH T. DONAHUE Required Signature/Registered Agent

10-28-2014  
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.*

Joseph T. Donahue  
JOSEPH T. DONAHUE Required Signature/Incorporator

10-28-2014  
Date