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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/15/15

## COVER LETTER

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

**SUBJECT:** PEO Specialists, 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:** Paul Fazekas

Name (Printed or typed)

4000 Oriole Ave

Address

Port Orange, Florida 32127

City, State & Zip

407-312-4120

Daytime Telephone number

pfaze42@gmail.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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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I    NAME**    PEO Specialists, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**FILED**

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address  
4000 Oriole Ave  
Port Orange, Florida 32127

**15 APR 13 PM 4:06**  
Mailing address, if different: \_\_\_\_\_  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE III    PURPOSE**    Providing Professional Employment Organization options and solutions to customers and other services  
The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**    1000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	<u>Paul Fazekas</u>	Name and Title:	_____
Address	<u>4000 Oriole Ave</u>	Address:	_____
	<u>Port Orange, FL 32127</u>		_____
	_____		_____

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: REGISTERED AGENTS INC

Address: 3030 N. Rocky Point Dr, STE 150A

Tampa, FL 33607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paul Fazekas

Address: 4000 Oriole Ave

Port Orange FL 32127

*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*

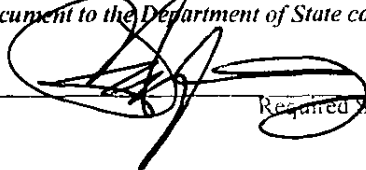


Bill Havre - President

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
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

4/8/15

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA