

P150000 73962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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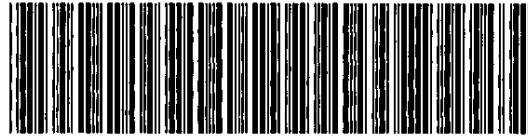
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REVENUE

SEP 10 2015

W PAINTER

COVER LETTER

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

SUBJECT: QualifyEm', 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: Ashley S. Walklett

Name (Printed or typed)

7262 Jonas Road

Address

Fort Myers, FL 33967

City, State & Zip

(610)324-2311

Daytime Telephone number

ashley@qualifyem.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: QualifyEm', Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7262 Jonas Road

Fort Myers, FL 33967

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ashley S. Walklett, Chairman (CEO)

Name and Title: _____

Address 7262 Jonas Road

Address: _____

Fort Myers, FL 33967

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
15 SEP - 2 PM 11:25
CLERK OF DISTRICT COURT
FORT MYERS, FL 33901

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: Ashley S. Walklett
Address: 7262 Jonas Road
Fort Myers, FL 33967

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ashley S. Walklett
Address: 7262 Jonas Road
Fort Myers, FL 33967

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Ashley Walklett, CEO
Required Signature/Registered Agent

8/30/15
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.

Ashley Walklett, CEO
Required Signature/Incorporator

8/30/15
Date

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Name and Title: _____

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Fort Myers, FL 33967

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
JANUARY 15, 2015
OFFICE

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
4113 HASSETT CT
TALLAHASSEE, FL 32399-0410

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Name and Title: _____

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Address: _____

Fort Myers, FL 33967

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name: _____

Ashley S. Walklett

Address: _____

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