## P16000038027

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

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APR 1 2016 S. GILBERT

## **COVER LETTER**

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

Advantage Personnel Resources IV Inc.

kross@apradvantage.com

SUBJECT:			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an	original and one (1) copy of the arti	icles of incorporation and	d a check for:
☐ \$70. Filing F	• •	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM			
	Name	(Printed or typed)	
	8831 SW 92 Lane		
	A	Address	
	Gainesville, Florida 32608		
	City,	State & Zip	·····
	352-258-6763		

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

Daytime Telephone number

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

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

	In compliance with Chapter 6	07 and/or Chapter 621, 1	F.S. (Profit)
ARTICLE I NAME The name of the corpora	tion shall be: Advantage Personnel R	esources IV Inc.	F.S. (Profit)  16 HAR 29 FH 3: 33
	CIPAL OFFICE Principal street address		Mailing address, if different is: Singe
Ste. B			
Gainesville, Florida 32	606		
	he corporation is organized is:		
Employee Leasing Con	npany, Payroll, WC and HR		
ARTICLE IV SHARE The number of shares of  ARTICLE V INITIA	ES 100 stock is:	<u></u>	
Name and Title	Kevin Ross /Director	Name and Title	Todd Ruano/Director
Address	8831 SW 92 Lane	Address:	4907 NW 43rd Street
	Gainesville, Florida 32608		Ste. B
			Gainesville, Florida 32606
Name and Title:		Name and Title	:
Address		Address:	
		<del></del>	
		<del> </del>	
Name and Title:		Name and Title	:
Address		Address:	

Name	and Title:	Name and Title:	
Addre	ess	Address:	
	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Kevin Ross		
Address:	8831 SW 92 Lane		
	Gainesville, Florida 32608		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and</u>	address of the Incorporator is:		
Name:	Kevin Ross		
Address:	8831 SW 92 Lane		
	Gainesville, Florida 32608		
Effective date,	I_EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and filling.)	(OPTION. I cannot be more than five bus	AL) iness days prior or 90 business
	te inserted in this block does not meet the app effective date on the Department of State's re		ents, this date will not be listed as
	amed as registered agent to accept service of I am familiat with and accept the appointmen		
			3-28-16
	Required Signature/Registered Ag	ent	Date
	ocument and affirm that the facts stated her e Department of State constitutes a third degr		
5		· · ·	3-28-16
Req	uired Signature/Incorporator		Date