

P16 000030350

(Requestor's Name)

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(City/State/Zip/Phone #)

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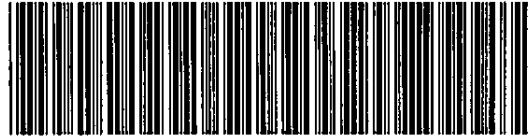
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: VETERAN STAFFING SOLUTIONS INCORPORATED

(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: TIMOTHY HEALY

Name (Printed or typed)

P.O. BOX 842

Address

ESTERO FL 33929

City, State & Zip

815-245-6878

Daytime Telephone number

TIMOTHYHEALY@MSN.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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DIVISION OF CORPORATIONS
16 MAR 31 AM 11:18

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

VETERAN STAFFING SOLUTIONS INCORPORATED
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
9459 SILVER PINE LOOP
FORT MYERS FL 33967

Mailing address, if different is:
P.O. BOX 842
ESTERO FL 33929

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A PROFESSIONAL CORPORATION FOR THE PURPOSE
TO HELP FIND JOB OPPORTUNITIES FOR ALL TYPES OF INDIVIDUALS AND PLACE THEM IN GAINFUL
EMPLOYMENT REGARDLESS OF RACE, CREED, COLOR, SEX OR RELIGIOUS PREFERENCE.

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIMOTHY HEALY PRESIDENT

Address: P.O. BOX 842

ESTERO FL 33929

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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16 MAR 31 AM 11:19

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: TIMOTHY HEALY
Address: 9459 SILVER PINE LOOP
FORT MYERS FL 33967

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: TIMOTHY HEALY
Address: P.O. BOX 842
ESTERO FL 33929

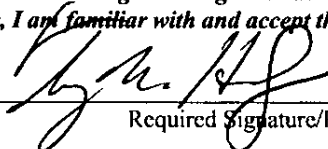
ARTICLE VIII EFFECTIVE DATE:

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

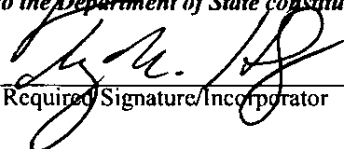


Required Signature/Registered Agent

3-30-2016

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

3-30-2016

Date

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