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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ProteanHR, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

16 MAY 23 PM 4:55

STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 23 AM 11:25

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 24 2016

T. BROWN

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: ProteanHR, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

2076 MAINSAIL CIRCLE

JUPITER, FL 33477

Mailing address, if different is:

2076 MAINSAIL CIRCLE

JUPITER, FL 33477

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Essential business is matchmaking of executives
to business and general HR Recruiting. She will be working with staffing agencies

under subcontract as a secondary source of recruiting and directly with individuals to pair
them with ownership opportunities for: Business, Franchises, Hybrids, Distributorships.

Act as a consultant and advisors to candidates seeking their next traditional or non-
traditional job opportunity.

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JACQUELYN RICHARDSON (</u>	president	Name and Title:	_____
Address	<u>2076 MAINSAIL CIRCLE</u>	Address:	_____	_____
	<u>JUPITER, FL 33477</u>		_____	_____
	_____		_____	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JACQUELYN RICHARDSON
Address: 2076 MAINSAIL CIRCLE
JUPITER, FL 33477

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JACQUELYN RICHARDSON
Address: 2076 MAINSAIL CIRCLE
JUPITER, FL 33477

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

Jacquelyn Richardson

Required Signature/Registered Agent

05/18/2016

Date

I swear 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.

Jacquelyn Richardson

Required Signature/Incorporator

05/18/2016

Date