

P16000087930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

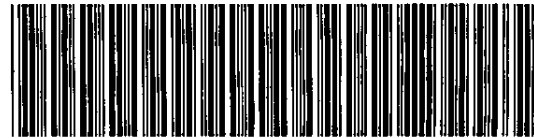
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2016 OCT 31 AM 9:07
TALLAHASSEE, FLORIDA

V HERRING
NOV - 3 2016

COVER LETTER

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

SUBJECT: VIP Staffing, 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: Liz Vanessa Velazquez
Name (Printed or typed)
801 Northpoint Pkwy, Ste 52
Address
WPB, FL 33407
City, State & Zip
561-275-1779
Daytime Telephone number
liz@allvipcare.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) FILED

ARTICLE I NAME

The name of the corporation shall be: VIP Staffing, Inc. 2015 OCT 31 AM 9:07

ARTICLE II PRINCIPAL OFFICE

Principal street address

MAILING ADDRESS, IF DIFFERENT IS:
STATE OF FLORIDA

801 Northpoint Pkwy, #52
WPB, FL 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be able to operate legally
and provide Health Care Staffing Services
in Palm Beach County - Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vanessa Velazquez Director Name and Title: _____

Address: 801 Northpoint Pkwy Address: _____
WPB, FL 33407

Name and Title: Matthew McKenna CFO Name and Title: _____

Address: 801 Northpoint Pkwy Address: _____
WPB, FL 33407

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED

2016 OCT 31 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Address: _____

Liz Vanessa Velazquez
801 Northpoint Pkwy #52
WPB, FL 33409

ARTICLE VII INCORPORATOR

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

Name: _____

Address: _____

Liz Vanessa Velazquez
801 Northpoint Pkwy #52
WPB, FL 33409

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

Liz Vanessa Velazquez
Required Signature/Registered Agent

10/28/2016
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.

Liz Vanessa Velazquez
Required Signature/Incorporator

10/28/2016
Date