Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925

Fax Number : (941) 625-1526

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

Essil Address: Lindsay@ taxsaversfl. net

FLORIDA PROFIT/NON PROFIT CORPORATION Solutions for Wiring Inc.

Solutions for Hiring Inc.

0 0 02

\$70.00

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Certificate of Status

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SECRETANT OF STATE
ALLAMASSEE, FI ORIGA

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Electronic Filing Menu

Corporate Filing Menu

Help

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

The name of the corporat	ion shall be: Solutions for Hiring Inc.		
ARTICLE II PRINC	<u>IPAL OFFICE</u> Principal <u>street</u> address	Mailing ad	dress, if different is:
Port Charlotte, FL 3395			
ARTICLE III PURPO The purpose for which th	SE ne corporation is organized is:	all lawful business	
ARTICLE IV SHARE The number of shares of:	IS 100		16 DEC 2
	L OFFICERS AND/OR DIRECTORS	:	SEE, I
Name and Title	Beth A. Wilson 1300 Enterprise Drive Ste A	Name and Title:	
Address	Port Charlotte, FL 33953	Address:	38 HDA
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:			
Address		Address:	

Name and	l Tille:	Name and Title:
Address		Address:
ARTICLE VI 1 The name and Flo	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	Beth A. Wilson	, ,
Address:	1300 Enterprise Drive Ste A	 -
noutess.	Port Charlotte, FL 33953	16 DI Seor Ally
ARTICLE VII	<u>INCORPORATOR</u>	EC 21
The name and ad	Idress of the Incorporator is:	
Name:	Beth A. Wilson	
Address:	1300 Enterprise Drive Sto A	 ଅନ୍ତ
	Port Charlotte, FL 33953	
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
Effective date, it (If an effective d filing.)	ate is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
Note: If the date	inserted in this block does not meet the app	plicable statutory filing requirements, this date will not be listed as
the document's c	flictive date on the Department of State's n	cords.
Having been nar this certificate, I	ned as registered agent to accept service of am familiar with and accept the appointme.	process for the above stated corporation at the place designated at as registered agent and agree to act in this capacity
but !	1 /4 /	m las lis
	Required Signature/Registered Ag	ent Date
I submit this doc	ument and affirm that the facts stated her	ein are true. I am aware that the false information submitted in
document to the	Department of State constitutes a third degr	ce felony as provided for in #817.155, F.S.
but a		12/21/16
Requ	red Signature/Incorporator	Date