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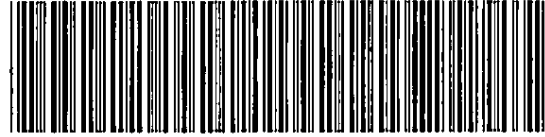
(Business Entity Name)

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2018 NOV -6 AM 9:54
SECRETARY OF STATE
ALLIANCE, FLORIDA

COVER LETTER

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

SUBJECT: IT STAFFING AND CONSULTING, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: EDWIN LOTT

Name (Printed or typed)

1211 CIRCLE DR

Address

TALLAHASSEE, FL 32301

City, State & Zip

850-566-8421

Daytime Telephone number

edwin.lott@goisc.com

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

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

FILED
2018 NOV -6 AM 9:05
TALLAHASSEE, FL
DIVISION OF STATE

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: IT STAFFING AND CONSUTLING. INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1211 CIRCLE DR

TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL PRUPOSES

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWIN E. LOTT - P

Name and Title: _____

Address

1211 CIRCLE DR

Address: _____

TALLAHASSEE, FL 32301

Name and Title: BRIAN HEARN - S/T

Name and Title: _____

Address

1211 CIRCLE DR

Address: _____

TALLAHASSEE, FL 32301

Name and Title: _____

Name and Title: _____

Address

Address: _____

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2010 NOV - 6 AM 9:55
TALLAHASSEE, FL 32301

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: LYDIA LOTT
Address: 1211 CIRCLE DR
TALLAHASSEE, FL 32301

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2018 NOV -6 AM 9:55
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: EDWIN E. LOTT
Address: 1211 CIRCLE DR
TALLAHASSEE, FL 32301

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 days prior or 90 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

Lydia E. Lott 11/5/2018
Required Signature/Registered Agent 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.

Edwin E. Lott 11/05/2018
Required Signature/Incorporator Date