

P21000040658

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

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2021 MAY -6 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FL ORIN

COVER LETTER

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

SUBJECT: Staffing Partners, 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: Chris Sams
Name (Printed or typed)

5188 200th St.
Address

Lake City FL 32024
City, State & Zip

386-752-9440
Daytime Telephone number

Chris@cmsprostaff.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)

ARTICLE I NAME

The name of the corporation shall be: Staffing Partners, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
161 SE HERNANDO AVE.
Lake City FL 32025

Mailing address, if different is:
P.O. Box 2227
Lake City FL 32056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional corporation that
engages in medical staffing.

ARTICLE IV SHARES

The number of shares of stock is: 1

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris SAMSON President Name and Title: _____
Address: 5188 200th St. Address: _____
Lake City FL, 32024

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

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

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: Chris SAMSON
 Address: 5188 200th St.
Lake City, FL 32024

ARTICLE VII INCORPORATOR

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

Name: Chris SAMSON
 Address: 5188 200th St
Lake City, FL 32024

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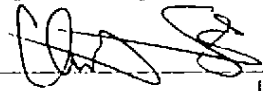
ARTICLE VIII EFFECTIVE DATE:

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.)

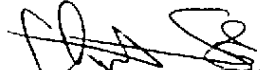
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature/Registered Agent

5-4-2021
 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

5-4-2021
 Date