

Division of Corporations

**P21000092374**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000396542 3)))



H210003965423ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: MICHELLEN@SANDSNCOMPANYCPAS.COM

RECEIVED  
OCT 25 AM 10:08

**FLORIDA PROFIT/NON PROFIT CORPORATION  
EXPERTPEO INC**

RECEIVED  
OCT 25 PM 3:24

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

OCT 26 2021  
T. SCOTT

H21000396542

**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: EXPERTPEO INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
801 S. OLIVE AVE., APT 706  
WEST PALM BEACH, FL 33401

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500 SHARES AT NO PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>KEVIN DOLPH - PRESIDENT</u>	Name and Title:	_____
Address	<u>801 S. OLIVE AVE., APT 706</u>	Address:	_____
	<u>WEST PALM BEACH, FL 33401</u>		_____

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

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

REC'D  
 OCT 25 11:08:08 AM '21

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: KEVIN DOLPH

Address: 801 S. OLIVE AVE., APT 706  
WEST PALM BEACH, FL 33401

**ARTICLE VII INCORPORATOR**

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

Name: KEVIN DOLPH

Address: 801 S. OLIVE AVE., APT 706  
WEST PALM BEACH, FL 33401

**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

OCTOBER 25, 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

OCTOBER 25, 2021  
 \_\_\_\_\_  
 Date