

P21000463536

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 : VCORP SERVICES, LLC  
Account Number : 120080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
REGIONAL SUPPLEMENTAL SERVICES INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

**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: REGIONAL SUPPLEMENTAL SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6570 Griffin Rd #1066570 Griffin Rd #106Davie FL 33314Davie FL 33314**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Temporary Staffing**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Christopher Jennings, President

Name and Title: \_\_\_\_\_

Address 6570 Griffin Rd #106

Address: \_\_\_\_\_

Davie FL 33314

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2021 DEC 21 PM 4:02

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: Christopher Jennings

Address: 6570 Griffin Rd #106

Davie, FL 33314

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Christopher Jennings

Address: 6570 Griffin Rd #106

Davie, FL 33314

**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*Christopher Jennings  
Required Signature/Registered Agent

12/21/2021

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.*Christopher Jennings  
Required Signature/Incorporator

12/21/2021

Date