Paa00008aa78

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300392498983

S. CHATHAM

OCT 3 1 202

22 OCT 31 AM 10: 27

2022 OCT 31 AM 11: 48

COVER LETTER

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

SUBJECT: Hu	man Solutions Inc.	(N) N				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)			
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	l a check for:	-		
□ \$70.0 Fiting F		□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
FROM	Kevin Veach			22 001	SECF	
i KOWI.	Name	(Printed or typed)		ယ	107 107 107	
	1000 Maine Ave, SW, Suite 880					
	1	Address		OCT 31 AH 10: 27	874 878	
Washington, DC 20024					200	
	City. State & Zip					
	571-414-7064					
Daytime Telephone number Kevin.Veach@HumanSolutionsInc.com						

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

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 087156 7827921
AUTHORIZATION: Longille Man
COST LIMIT : \$ 87.50
ORDER DATE : October 31, 2022
ORDER TIME : 9:47 AM
ORDER NO. : 087156-005
CUSTOMER NO: 7827921
DOMESTIC FILING
NAME: HUMAN SOLUTIONS, INC.
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY
PLAIN STAMPED COPY XX
CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

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

ARTICLE I NAME The name of the corporat	tion shall be: Human Solutions, Inc.			
ARTICLE II PRINCIPAL OFFICE Principal street address 1000 Maine Ave, SW, Suite 880 Washington, DC 20024			Mailing address, if different is:	
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is:	nd Professional	services for Government agen	cies
	.,		22 G C7	91715 050 050
ARTICLE IV SHARE The number of shares of			<u>ω</u>	Y OF CURP
	L OFFICERS AND/OR DIRECTORS Thomas Colatosti, President & CEO	Name and Title	AM 10: 27	SINTE ORATIONS
Address	200 Summit Drive, Suite 510 Burlingtonm MA 01803	_ Address:		
		_		
Name and Title:		_ Name and Title	:	
Address				
		_		
Name and Title:		_ Name and Title	:	
Address		_ Address:		
		_		

	• .		
Name and	Title:	Name and Title:	
Address		Address:	
			
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Corporation Service Company		
Address:	1201 Hays Street		
	Tallahassee, FL 32301		
ARTICLE VII 1	NCORPORATOR		
	Iress of the Incorporator is:		91VIS
The <u>name and ago</u>	Thomas Colatosti		FORE SION
Name:	200 Summit Drive, Suite 510		3 975 F
Address:	Burlington, MA 01803		EU CRES CREGE
		•	OF SIME
	EFFECTIVE DATE:	. Operation	7
(If an effective da filing.)	ther than the date of filing:	t be more than five days prior or 90	days after the
Note: If the date i	nserted in this block does not meet the applicable ective date on the Department of State's records.		will not be listed as
	d as registered agent to accept service of process fo miliar with and accept the appointment as register		
- Cliff	Required Signature/Registered Agent		131122 Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felony		nation submitted in a
Tom Co	Digitally signed by Tom Colar Date: 2022-10.27 14:58:13 04	osti 10/27.	/2022