

P2400009021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

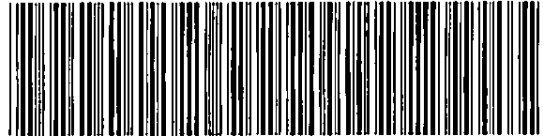
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700423777247

02/20/24-- 01025-- 003 **78.75

FILED
2024 FEB 20 9H 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.S.H.

COVER LETTER

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

SUBJECT: Allied Healthcare Staffing, 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: Allied Healthcare Staffing, Inc.

Name (Printed or typed)

7901 4th Street N. Suite 300

Address

St. Petersburg, FL 33702

City, State & Zip

(800) 571-7684

Daytime Telephone number

administrator@alliedhealthcaregroupinc.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FEB 20 PM 3:17

FILED

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: Allied Healthcare Staffing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7901 4th Street N.

Suite 300

St. Petersburg

FL

33702

Mailing address, if different is:

401 Westwood Office Park

Fredericksburg

VA 22401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Staffing agency

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert McClatchey President

Address 401 Westwood Office Park

Fredericksburg VA 22401

Name and Title: President

Address:

Name and Title: Annette Lawrence

Address

401 Westwood Office Park

Fredericksburg VA

Name and Title: Secretary

Address:

Name and Title:

Address

Name and Title:

Address:

FILED
2001 FEB 20 9 11 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Registered Agents Inc
Address: 7901 4th St N STE 300
St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

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

Name: Allied Healthcare Group,
Address: 401 Westwood Office Park
Fredericksburg VA 22401

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/1/2024 (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

David Roberts

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.

Robert McClary

Required Signature/Incorporator

2/1/2024

Date

FILED
2024 FEB 27 04 21 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA