

P240000049143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

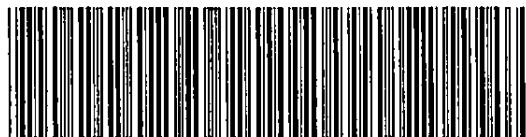
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Date: 07/29/2024
Acc#120160000072

en: c

Name:	Kforce India Holdings, Inc
Document #:	
Order #:	15789468

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Email Address for Annual Report Notifications:
jsmayda@kforce.com

Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

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: Kforce India Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1150 Assembly Drive, Suite 500
Tampa, Florida 33607

Mailing address, if different is:
8405 Benjamin Road, Suite G
Tampa, Florida 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The corporation is organized to engage in any activity or business permitted under the laws of the United States and the
State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 shares of common stock, \$.01 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Liberatore, Director and Chairman Name and Title: David Kelly, Director and President

Address 8405 Benjamin Road, Suite G Address: 8405 Benjamin Road, Suite G
Tampa, Florida 33634 Tampa, Florida 33634

Name and Title: Jeffrey Hackman, Director and Vice President Name and Title: Edwin Soto, Treasurer

Address 8405 Benjamin Road, Suite G Address: 8405 Benjamin Road, Suite G
Tampa, Florida 33634 Tampa, Florida 33634

Name and Title: Jennifer Smayda, Secretary Name and Title: _____

Address 8405 Benjamin Road, Suite G Address: _____
Tampa, Florida 33634 _____

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OFFICE
TAMPA, FL

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leslie McGuire
Address: 100 North Tampa Street, Suite 4100
Tampa, Florida 33602

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

Kathryn A. Wilder, Asst Secretary July 29, 2024
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.

/s/ Leslie McGuire July 29, 2024
Required Signature/Incorporator Date

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