

Florida Department of State

P2400053241

Note: Please print this page and use it as a cover sheet. Type the fax number
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FL
8-20-24



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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
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: bob@viniarcpa.com

2024 AUG 19 PM 1:08

RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION

Intuition Staffing Inc

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

2024 AUG 19 PM 12:54
CLERK OF STATE
TALLAHASSEE, FL

FILED

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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: Intuition Staffing Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
11400 NW 56th Drive
Coral Springs, FL 33076

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal & lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 200 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Louis Maldonado - President/Director

Name and Title: _____

Address 11400 NW 56th Drive

Address: _____

Coral Springs, FL 33076

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Louis Maldonado
Address: 11400 NW 56th Drive
Coral Springs, FL 33076

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Louis Maldonado
Address: 11400 NW 56th Drive
Coral Springs, FL 33076

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SECRETARY OF STATE
TALLAHASSEE, FL

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

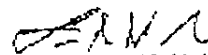


Required Signature/Registered Agent Louis Maldonado

August 5, 2024

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 Louis Maldonado

August 5, 2024

Date

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