

P030000018431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

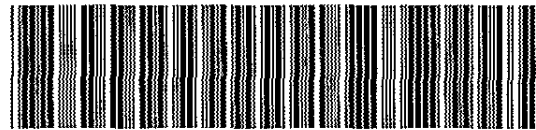
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-17-03
[Signature]

TRANSMITTAL LETTER

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

SUBJECT: Monica S Wellmaker, C.P.A., P.A.
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Monica Wellmaker
Name (Printed or typed)

1500 14th Ave Ste B
Address

Vero Beach, FL 32968
City, State & Zip

772 562 3663
Daytime Telephone number

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

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:

Monica S Wellmaker, C.P.A., P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1500 14th Avenue Suite B
Vero Beach, FL 32960

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Accounting Services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Monica Wellmaker, President
6235 7th Lane
Vero Beach, FL 32968 Secretary

Phillip E Wellmaker
6235 7th Lane
Vero Beach, FL 32968 Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Monica Wellmaker
1500 14th Avenue Suite B
Vero Beach, FL 32960

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monica Wellmaker
6235 7th Lane
Vero Beach, FL 32968

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

Monica Wellmaker
Signature/Registered Agent

2.6.03
Date

Monica Wellmaker
Signature/Incorporator

2.6.03
Date