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

From:
Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727)322-0909
Fax Number : (727)322-0520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DAVIDCPA@TAMPABAY.RR.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
C 3 Bookkeeping & Office Services, Corp

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

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TALLAHASSEE, FLORIDA

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: C 3 Bookkeeping & Office Services, Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: 5830 20th Ave S, Gulfport, Fl 33707

Mailing address, if different is: same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate a bookkeeping and business services business and any other legal business in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carmen Cardona Pres

Address: 5830 20th Ave S, Gulfport, Fl 33707

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: David C Hastings, CPA

Address: 2207 54th St S

Gulfport, Fl 33707

ARTICLE VII INCORPORATOR

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

Name: David C Hastings

Address: 2207 54th St S

Gulfport, Fl 33707

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

_____ 02/01/2013

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.

_____ 02/01/2013

Required Signature/Incorporator Date

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