

P000000 29731

TRANSMITTAL LETTER

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

EFFECTIVE DATE  
3-14-00

FILED  
00 MAR 17 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT:

Monique Stecklein CPA PA

(Proposed corporate name - must include suffix)

100003173861--9

-03/17/00--01040--012

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is 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:

Monique Stecklein

Name (Printed or typed)

367 Osborne Dr NE

Address

Ft. Walton Beach, FL 32548

City, State & Zip

850-678-7812

Daytime Telephone number

Monique GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT R.A. address

DATE 3-24-00

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

DOC. EXAM 7c

F. CHESNEY

MAR 24 2000

EFFECTIVE DATE  
3-14-00

ARTICLES OF INCORPORATION OF MONIQUE STECKLEIN, CPA P.A.

The undersigned hereby makes, subscribes, acknowledges, and files this certificate for the purpose of becoming a corporation for profit under the laws of the State of Florida.

1. Name. The name of this corporation (the "Corporation") shall be:  
MONIQUE STECKLEIN, CPA P.A.
2. Address. The initial street address of the principal office of this Corporation is  
Osborne Drive, Ft. Walton Beach, FL 32548, and Monique Stecklein  
Osborne Drive, Ft. Walton Beach, FL 32548, is hereby designated as  
resident agent for this Corporation.
3. Purpose. This Corporation is in the business of a certified public accountant as  
permitted under the laws of the United States and of this State and of  
the Florida Board of Accountancy.
4. Stock. The capital stock of this Corporation shall consist of One Hundred (100) shares  
of common stock having a par value of One Dollar (\$1.00) per share.
5. Term. This Corporation shall have a perpetual existence.
6. Existence. The date when the corporate existence of this Corporation shall begin is at  
the time of subscription and acknowledgment of these Articles of  
Incorporation, that is March 14, 2000.
7. Number of Directors. This Corporation shall initially have one (1) director, but the  
By-Laws of this Corporation may provide for such increase  
in the number thereof as is authorized by law.
8. Directors. The name and street address of the first Board of Directors is as follows:

<u>Name</u>	<u>Street Address</u>
Monique Stecklein	367 Osborne Drive Ft. Walton Beach, FL 32548
9. Subscriber. The name and street address of the subscriber to this Certificate of  
Incorporation is as follows:

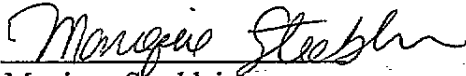
<u>Name</u>	<u>Street Address</u>
Monique Stecklein	367 Osborne Drive Ft. Walton Beach, FL 32548
10. Officers. The officers of this Corporation shall be a President and Secretary and such  
other offices or agents as may be deemed necessary. All officers, agents or  
employees as may be necessary shall be chosen in such a manner, hold  
offices for such time, and have such power and duties as may be prescribed  
by the By-Laws or determined by the Board of Directors. Any person may  
hold two (2) or more offices.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAR 17 AM 7:47

FILED

IN WITNESS WHEREOF, I, the undersigned subscribing incorporator, have hereunto set my hand this 14th day of March, 2000, for the purpose of forming this corporation under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of State of the State of Florida this Certificate of Incorporation and certify that the facts herein stated are true.



Monique Stecklein

REG. AGENT/INCORPORATOR

347 OSBORNE DRIVE - FT WALTON BEACH, FL. 32548

Having been named as registered agent and to accept service of process for the above named corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/ Registered Agent

3/14/00

Date

FILED

00 MAR 17 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA