

P01000119587  
TRANSMITTAL LETTER

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

300004727679--6  
-12/17/01--01023--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Andra L. Stover CPA, 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: Andra Stover  
Name (Printed or typed)

8315 - 40th PL N.  
Address

St. Petersburg FL 33709  
City, State & Zip

727-345-0429  
Daytime Telephone number

FILED  
01 DEC 17 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

yx 12/18

**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: Andra L. Stover CPA, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: 8315 - 40th PL N.  
St. Petersburg FL 33709

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO PROVIDE FINANCIAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 2000 Authorized

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s): Andra Stover, Pres, V.P., Treas, Sec, Dir.  
8315 - 40th PL N.  
St. Petersburg FL 33709

**ARTICLE VI REGISTERED AGENT**

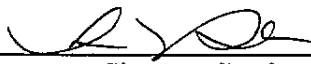
The name and Florida street address of the registered agent is:  
Andra Stover  
8315 - 40th PL N.  
St. Petersburg FL 33709

**ARTICLE VII INCORPORATOR**

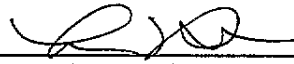
The name and address of the Incorporator is:  
Andra Stover  
8315 - 40th PL N.  
St. Petersburg FL 33709

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

12/5/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/5/01  
\_\_\_\_\_  
Date