TRANSMITTAL ICITER

Division of Corporation
P. G.B. A. 27
Tallanassee, F. 52314

SUBJECT:

Sharp Accounting Enterprises, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and (1) copy of the Articles of Incorporation and a check for:

□\$70.00 Filing Fee □\$78.75

Filing Fee

& Certificate

of Status

**★**1\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee Certified Copy

& Certificate

of Status

\*\*\*\*\*78.75

ADDITIONAL COPY REQUIRED

FROM:

Sharp Accounting Enterprises, Inc

Name (Printed or Typed)

3359 West Vine Street - Suite 104

Address

Kissimmee, FL 34741

City, State, & Zip

407-944-0024

Daytime Telephone Number

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

# ARTICLES OF INCORPORATION (FLORIDA)

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I - Name

The name of the corporation shall be: Sharp Accounting Enterprises, Inc.

# **ARTICLE II – Principle Office**

The principal place of business and mailing address of this corporation shall be: 3359 West Vine Street – Suite 104, Kissimmee, FL 37414

#### **ARTICLE III - Shares**

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000,000

# ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: Ajay Prakash Sharma, 3359 West Vine Street – Suite 104, Kissimmee, FL 37414

## ARTICLE V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Ajay Prakash Sharma, 3359 West Vine Street – Suite 104, Kissimmee, FL 37414

#### ARTICLE VI - Officers

The officers of the corporation will be:

President – Ajay Prakash Sharma

V. President – N/A

Secretary/Treasurer – N/A

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Signature of Incorporator	-		

Having named as registered agent and to accept service of process for the above stated 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.

Notary Public

