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| PICK-UP | ☐ WAIT | MAIL |
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| | ocument Number) | |
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| Certified Copies | _ Certificates o | f Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
VALUATIONS OF STATE

TRANSMITTAL LETTER

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

| SUBJECT: PROFI | ESSIONAL BOOKKEEPING & RESOURCES | | | |
|-----------------------|---------------------------------------|--------------------------|--|-----------|
| | (PROPOSED CORPOR | ATE NAME - MUST INCLUD | E SUFFIX) | |
| | | | | |
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| | | | | |
| Enclosed are an orig | inal and one (1) copy of the articles | of incorporation and a c | :heck for : | |
| □ #70.00 | | | | |
| \$70.00 Filing Fee | X\$78.75 Filing Fee | \$78.75 Filing Fee | \$87.50 Filing Fee, | |
| r milg r ee | & Certificate of Status | & Certified Copy | Certified Copy | |
| | a continuate of classes | a octanea oopy | & Certificate of | |
| | | | Status | |
| | | ADDITIONAL C | OPY REQUIRED | |
| | j | | | |
| | ' | | | |
| FROM: | SONJA BROWN | | <u> </u> | |
| | Name (Pri | nted or typed) | | |
| | | | | |
| | 172 NW 29TH AVENUE | <u> </u> | | |
| | Ac | dress | | |
| | | | | |
| | FORT LAUDERDALE FL 33311 | itate & Zip | <u> </u> | _ |
| | Oity, O | www ~ mlp | | |
| | 954 709 7447 | | | |
| | 954-709-7147 Daytime Tele | ephone number | The state of the s | ,4 |
| | • | • | | |

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

| ARTICLE I NAME | FILED |
|---|--|
| | |
| The film of the output state and | HAR 15 PM 2:54 |
| | · |
| PROFESSIONAL BOOKKEEPING & RESOURCES, INC. ARTICLE II PRINCIPAL OFFICE TALL | RETARY OF STATE AHASSEE. FLORIDA |
| The principal place of business/mailing address is: | • |
| 172 NW 29TH AVE | |
| FT, LAUDERDALE FL 33311 | |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| TO PERFORM BOOKKEEPING SERVICES | · · · · · · · · · · · · · · · · · · · |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | |
| 100 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | • • |
| List name(s), address(es) and specific title(s): | |
| SONJA BROWN | |
| 172 NW 29TH AVE | |
| FT. LAUDERDALE FL 33311 ARTICLE VI REGISTERED AGENT | |
| The NAME AND FLORIDA STREET ADDRESS of the registered agent is: | |
| SONJA BROWN | |
| 172 NW 29TH AVE | - |
| FT. LAUDERDALE FL 33311 | • |
| ARTICLE VII INCORPORATOR | and the second s |
| The NAME AND ADDRESS of the Incorporator is: | |
| SONJA BROWN | ••• |
| 172 NW 29TH AVE | |
| FT. LAUDERDALE FL 33311 | |

Signature/Incorporator

Date