

PD4000069446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED  
2004 APR 26 PM 3:05  
TALLAHASSEE FLORIDA  
DEPT OF STATE

for 4/28/04

TRANSMITTAL LETTER

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

FILED  
2004 APR 26 PM 3:05

DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

SUBJECT: T + T ACCOUNTING, INC.  
(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: Michael J. Terry  
Name (Printed or typed)

1110 NE 2ND PL  
Address

CORAL, FL 33909  
City, State & Zip

239-574-8822  
Daytime Telephone number

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

## 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: T+T ACCOUNTING, INC

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CLERK OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1110 NE 2ND PL  
CAPE CORAL, FL  
33909

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SERVICE AREA IN ACCOUNTING  
AND TAXES.

### ARTICLE IV SHARES

The number of shares of stock is: 1

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): MICHAEL T. TERRY  
1110 NE 2ND PL  
CAPE CORAL, FL 33909

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: SHARON L TERRY  
1110 NE 2ND PL  
CAPE CORAL, FL 33909

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: MICHAEL TERRY  
1110 NE 2ND PL  
CAPE CORAL, FL 33909

\*\*\*\*\*

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

✓ Sharon L Terry  
\_\_\_\_\_  
Signature/Registered Agent

4-23-04  
\_\_\_\_\_  
Date

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

4-23-04  
\_\_\_\_\_  
Date