

PA4888093767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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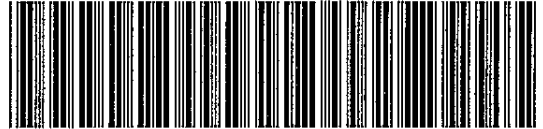
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-18-04

TRANSMITTAL LETTER

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

SUBJECT: Southern Accounting Technology Svcs., 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: Robert S. Kinni
Name (Printed or typed)

5734 NW 50th Drive
Address

Coral SPRINGS, FL 33067
City, State & Zip

954-263-1361
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:

Southern Accounting Technology Svcs., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

*5734 NW 50th Ave
Coral Springs, FL 33067*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Professional Accounting, Technology + Tax Services

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Robert S. Kinini President & CEO
5734 NW 50th Ave
Coral Springs, FL 33067*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Robert S. Kinini
5734 NW 50th Ave
Coral Springs, FL 33067*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Robert S. Kinini
5734 NW 50th Ave
Coral Springs, FL 33067*

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]

Signature/Registered Agent

6/15/04

Date

[Signature]

Signature/Incorporator

6/15/04

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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