

PD4000109758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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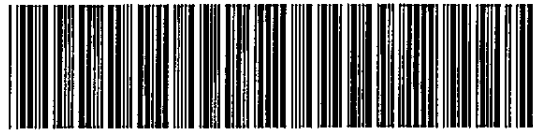
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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7/26/04

## TRANSMITTAL LETTER

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

SUBJECT: Advanced Bookkeeping Solutions, 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: MARY NOACK  
Name (Printed or typed)

16803 Olivand Street  
Address

HUDSON, FL 34667  
City, State & Zip

727-861-7310  
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:

Advanced Bookkeeping Solutions, Inc.

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### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16803 Olivaud Street  
Hudson, FL 34667

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall engage in any and ALL activity or business permitted under the Laws of the United States and of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

100 shares common stock \$1.00 par value per share

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mary L. Noack Director, President, Secretary, Treasurer  
16803 Olivaud St.  
Hudson, FL 34667

### ARTICLE VI REGISTERED AGENT

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

Mary L. Noack  
16803 Olivaud St.  
Hudson, FL 34667

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary L. Noack  
16803 Olivaud St.  
Hudson, FL 34667

\*\*\*\*\*  
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

Mary L. Noack Mary L. Noack 7/21/04  
Signature/Registered Agent Date

Mary L. Noack Mary L. Noack 7/21/04  
Signature/Incorporator Date