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DIVISION PH 2: 36

DR ula

TRANSMITTAL LETTER

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

SUBJECT: Corpora	ate Accounting Solutions, Inc	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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
		ADDITIONAL CO	
FROM: Sa	muel P. Glenn		
	Name	(Printed or typed)	
	4868 Northford Place West		
		Address	
	Jacksonville, FL 32257		
	City	, State & Zip	•
	904 292-0969	Felephone number	
	Daytille	rerebuone namoer	

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)

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ARTICLE I NAME

The name of the corporation shall be:

Corporate Accounting Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4868 Northford Place West Jacksonville, FL 32257

<u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is: **Business Consulting 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):

Samuel P. Glenn 4868 Northford Place West Jacksonville, FL 32257 **Director and President**

REGISTERED AGENT

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

Samuel P. Glenn 4868 Northford Place West Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Samuel P. Glenn 4868 Northford Place West Jacksonville, FL 32257

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I amfamiliar with and accept the appointment as registered agent and agree to act in this capacity

9-27-04

Signature/Registered Agent

Signature/Incorporator