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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
| (332)                                   |
| Outility of Chapter                     |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## TRANSMITTAL LETTER

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

| SUBJECT:                | necks & Balance                            | 1. 3 901/11/11/0                      |  |
|-------------------------|--|---------------------------------------|--|
|                         | (PROPOSED CORPORA                          | TE NAME – <u>Must inčl</u> i          | UDE SUFFIX)  |
| Enclosed are an orig    | ginal and one (1) copy of the art          | icles of incorporation and            | a check for:   |
| □ \$70.00<br>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              |  |
| EDOM:                   | Relinda la                                 | FFOOO                                 |  |

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

Name (Printed or typed)

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| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)   |   |
|--|---|
| ARTICLE I NAME The name of the corporation shall be: Checks + Balances Bookkeeping Services Inc.   |   |
| The principal place of business/mailing address is:  3433 N.W. 60th Avenue  Jennings, FL 32053  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To Conduct bookkeeping services for local area.   |   |
| ARTICLE IV SHARES The number of shares of stock is:  |   |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  Belinda WHOOM (President)  3433 T.W. Loth Avenue Jennings, FL 32053  ARTICLE VI PEGISTERED AGENT  |   |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Belinda Laffoon 3433 n.w. Loth Avenue Jennings, FL 32053  ARTICLE VII INCORPORATOR  |   |
| The name and address of the Incorporator is:  Belinda Laffoon, 3133 n.w. both Avenue, Jennings Fl 3205.  ARTICLE VII - Effective date:  The effective date of incorporation shall be 1-1-2005  **********************************  | 3 |
| Signature/Registered Agent  Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    1 - 29 - 04     Date   | _ |
| Bolina Juliano |   |