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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Solution copies				
Special Instructions to Filing Officer:				



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SECRETARY OF STATE
TALLMENT ARTS FOR THE

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TRANSMITTAL LETTER

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

SUBJECT: ABOVE	REPROACH SERVICES, INC (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: SH	ARON VONDERHAAR		
	Namo	(Printed or typed)	
	1305 LAKEVIEW DRIVE	Address	,
	INVERENSS FL 34450	, State & Zip	
	352-637-9275	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)

FILED SECRETARY OF STATE TALLAHASSEF, ELORIDA

ARTICLE I NAME

05 MAR -3 PM 4: 10

The name of the corporation shall be:

ABOVE REPROACH SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1305 LAKEVIEW DRIVE, INVERNESS, FL 34450

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ABOVE REPROACH SERVICES, INC IS ORGANIZED FOR THE PURPOSE OF PROVIDING BOOKKEEPING, TAX PREPARATION AND ADMINISTRATIVE SERVICES FOR INDIVIDUALS AND COMPANIES.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHARON VONDERHAAR, PRESIDENT/SECRETARY/TREASURER 1305 LAKEVIEW DRIVE, INVERNESS FL 34450

JOHN VONDERHAAR, DIRECTOR 1305 LAKEVIEW DRIVE, INVERNESS, FL 34450

ARTICLE VI REGISTERED AGENT

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

SHARON VONDERHAAR 1305 LAKEVIEW DRIVE INVERNESS FL 34450

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

SHARON VONDERHAAR 1305 LAKEVIEW DRIVE INVERNESS FL 34450

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

Slaven Venderlager
Signature/Registered Agent
Date

Slaven Venderlager

Slaven Venderlager

2/25/05

Signature/Incorporator

Date