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TRANSMITTAL LETTER

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

SUBJECT: Adams	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
	· ·		
Enclosed are an orig	ginal 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 PPY REQUIRED
FROM: Ju	dith Adams		
	Name	(Printed or typed)	
	1323 Lenora Drive		
		Address	
	Merritt Island, FI 32952	, State & Zip	<u></u>
	Спу	, state & Lip	
	321-455-9804	Геlephone number	
	Dayume	i etephone 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:

Adams Bookkeeping Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1323 Lenora Drive Merritt Island, FI 32952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Bookkeeping Services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Judith A Adams, President

ARTICLE VI REGISTERED AGENT

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

Kimberly Adams 1323 Lenora Drive Merritt Island, Fl 32952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Judith Adams 1323 Lenora Drive Merritt Island, Fl 32952

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/Registered Agent

Date

Date

Signature/Incorporator