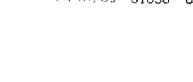
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SECRETARY OF STATE A
TALLAHASSEE, FLORIDA

mRS

TRANSMITTAL LETTER

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

SUBJECT: Kimber	ly A. DiCondina, C.P.A., P.A. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l 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: Kir	nberly A. DiCondina Name	(Printed or typed)	e e e e e e e e e e e e e e e e e e e	4* *** * #
	1393 SW Thelma Street	Address		e se e egil ligar e T
	Palm City, FL 34990 City,	State & Zip		. viii.
	772-215-2771 Daytime T	elephone number	<u> </u>	 * - 1

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 TALLAHASSEE, FLORIDA

05 AUG 31 AM 10: 40

ARTICLE I NAME

The name of the corporation shall be:

Kimberly A. DiCondina, C.P.A., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1393 SW Thelma Street Palm City, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide accounting and tax services

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):

Kimberly A. DiCondina 1393 SW Thelma Street Palm City, FL 34990 President

ARTICLE VI REGISTERED AGENT

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

Kimberly A. DiCondina 1393 SW Thelma Street Palm City, FL 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimberly A. DiCondina 1393 SW Thelma Street Palm City, FL 34990

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

Signature/Incorporator

Date