

P05000150224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

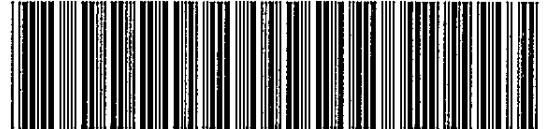
(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: ACCOUNTING HELP, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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
Status

ADDITIONAL COPY REQUIRED

FROM: ACCOUNTING HELP, INC.

Name (Printed or typed)

176 SHEFFIELD H

Address

WEST PALM BEACH, FL 33417

City, State & Zip

561-478-9887

Daytime 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)

ARTICLE I NAME

The name of the corporation shall be:

ACCOUNTING HELP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

176 SHEFFIELD H
WEST PALM BEACH, FL 33417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL ACTIVITIES ALLOWED BY THE STATE OF FLORIDA INCLUDING, BUT NOT LIMITED TO, ACCOUNTING AND BOOKKEEPING ACTIVITIES.

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):

JOHN CIUBA - PRESIDENT
176 SHEFFIELD H
WEST PALM BEACH, FL 33417

ARTICLE VI REGISTERED AGENT

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

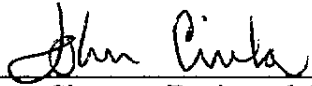
JOHN CIUBA
176 SHEFFIELD H
WEST PALM BEACH, FL 33417

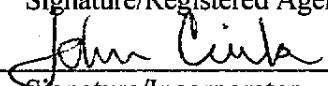
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN CIUBA
176 SHEFFIELD H
WEST PALM BEACH, FL 33417

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



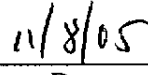
Signature/Registered Agent


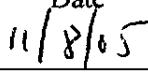
Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date


Date