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SECRETARY OF STATE
ORIDA

# COVER LETTER

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

SUBJECT: PREMIUM ACCOUNTING AND TAX SERVICE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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: JC	DHN MITCHELL Name	(Printed or typed)	
	1827 Maywood Ct.		
		Address	
	Upland, CA 91784		
	City	, State & Zip	
<u>!</u>	909-931-3669		<del></del>
	Daytime 1	l'elephone 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:

PREMIUM ACCOUNTING AND TAX SERVICE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1827 MAYWOOD CT. UPLAND CA 91784

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**ACCOUNTING** 

### 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 MITCHELL

**CFO** 

1827 MAYWOOD CT., UPLAND CA 91784

TRACEY MITCHELL

DIRECTOR

1827 MAYWOOD CT., UPLAND CA 91784

### ARTICLE VI REGISTERED AGENT

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

JOHN MITCHELL

701 APACHE ST.

TALLAHASSEE FL 32301

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN MITCHELL

1827 MAYWOOD CT.

UPLAND CA 91784

	<b>U</b>	
Jahr Chithe	4/20/	2006
Signature/Registered Agent	<del></del>	Date
I look hoth	4/20/	/2006
Signature/Incorporator		Date

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