

P06000082738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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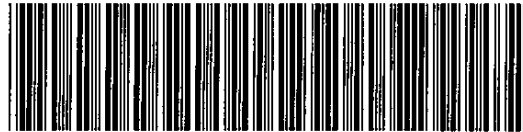
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pa

COVER LETTER

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

SUBJECT: T&T BOOKKEEPING SERVICES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MONA NONDORF
Name (Printed or typed)

10711 VIVALDI COURT, UNIT 802
Address

FT. MYERS, FL 33913
City, State & Zip

1-239-466-4523
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: T&T BOOKKEEPING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 10711 VIVALDI COURT, UNIT 802
FT. MYERS, FL 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BOOKKEEPING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MONA NONDORF
10711 VIVALDI COURT, UNIT 802
FT. MYERS, FL 33913

ARTICLE VI REGISTERED AGENT

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

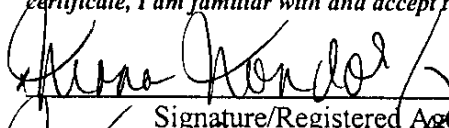
MONA NONDORF
10711 VIVALDI COURT, UNIT 802
FT. MYERS, FL 33913

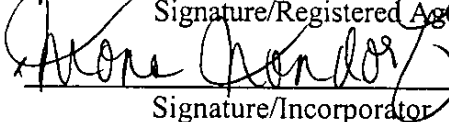
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MONA NONDORF
10711 VIVALDI COURT, UNIT 802
FT. MYERS, FL 33913

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

MONA NONDORF

6/13/06

Date

MONA NONDORF

6/13/06

Date

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TALLAHASSEE, FLORIDA