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(City/State/Zip/Phone #)

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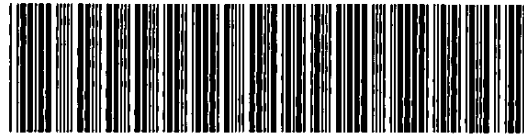
(Business Entity Name)

(Document Number)

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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:** Accounting Services Plus, 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:** Teresa A. Yaklin

Name (Printed or typed)

529 SE Nome Drive

Address

Port St. Lucie, Fl. 34984

City, State & Zip

772-621-7776

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 Services Plus, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

529 SE Nome Drive  
Port St. Lucie, Fl. 34984

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To offer Bookkeeping, Accounting and Tax Prep. Services

**ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Teresa A. Yaklin  
529 SE Nome Drive  
Port St. Lucie, FL 34984  
President

**ARTICLE VI REGISTERED AGENT**

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

Teresa A. Yaklin  
529 SE Nome Drive  
Port St. Lucie, FL 34984

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Teresa A. Yaklin  
529 SE Nome Drive  
Port St. Lucie, FL 34984

\*\*\*\*\*

*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*

*Teresa A. Yaklin*

Signature/Registered Agent

07/14/2006

Date

*Teresa A. Yaklin*

Signature/Incorporator

07/14/2006

Date

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TALLAHASSEE, FLORIDA