

PO6000096/08

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

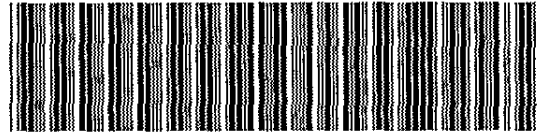
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Pa

## COVER LETTER

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

SUBJECT: Stephen Julien, CPA, PA

(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: Stephen Julien  
Name (Printed or typed)

9900 Stirling Road, Suite #303  
Address

Hollywood, FL 33024  
City, State & Zip

305-788-8988  
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:

Stephen Julien, CPA, PA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

c/o 9900 Stirling Road, Suite #303, Hollywood, FL 33024

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All Legal Business Activities

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stephen Julien, P, VP, S, T  
9900 Stirling Road, Suite #303  
Hollywood, FL 33024

### ARTICLE VI REGISTERED AGENT

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

Stephen Julien  
9900 Stirling Road, Suite #303  
Hollywood, FL 33024

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephen Julien  
9900 Stirling Road, Suite #303  
Hollywood, FL 33024

\*\*\*\*\*  
*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

4/29/06  
\_\_\_\_\_  
Date

4/29/06  
\_\_\_\_\_  
Date

FILED  
06 JUL 21 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA