## P07000058354

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	na 10ch	da		
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Office Use Only



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FILED 3: 0
SECRETARY OF STATE

## **COVER LETTER**

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

SUBJECT: Opti	mal Bookkeeping, Inc	· .			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
	·				
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:		
<b>\$70.00</b>	<b>₹</b> \$78.75	<b>\$78.75</b>	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
_	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
•			Status		
		ADDITIONAL CO	OPY REQUIRED		
FROM: Carmelina Deliso					
Name (Printed or typed)					
17980 N.E. 31st Court #1102					
Address					
				ħ*	
Aventura, Florida 33160					
Aventura, Florida 33160  City, State & Zip					
	786-873-7969		- T U		
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:	
Optimal Bookkeeping Services, Inc	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
17980 N.E. 31st Court #1102 Aventura, Florida 33160	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Bookkeeping Services	
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):	
Carmelina Deliso (President)	TA 2
17980 N.E. 31st Court #1102	CCR ISI
Aventura, Florida 33160	
	ASSI
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the re-	gistered agent is:
Carmelina Deliso	A C
17980 N.E. 31st Court #1102	<b>—</b>
Aventura, Florida 33160	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Carnelina Deliso 17980 NE 315+ Court 1102 Aventura, F1 33160	
Augntura F1 33160	
**************************************	*******
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	
Carmelina Deleso	05/02/07
Signature/Registered Agent	Date
Carmelina Deleso	05/02/07
Signature/Incorporator	Date