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(Re	questor's Name)	
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SECRETARY OF STAT

KS

# **COVER LETTER**

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

SUBJECT: Large	o Accounting, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00	<b>2</b> \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM: Le	eslie A. Spang		
		(Printed or typed)	
	11541 Shipwatch Driv	e #1010	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Largo, FL 33774		
•		, State & Zip	
	727-593-7563		
•		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:

Largo Accounting, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11541 Shipwatch Drive #1010 Largo, FL 33774

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide accounting and tax services

#### 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):

Leslie A. Spang, President, Secretary & Director 11541 Shipwatch Drive #1010 Largo, FL 33774 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Leslie A. Spang
11541 Shipwatch Drive #1010

Largo, FL 33774

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

Leslie A. Spang
11541 Shipwatch Drive #1010

Largo, FL 33774

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

Date

Signature/Incorporato

FILED

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SECRETARY OF STATE
SECRETARY OF STATE