P08000003492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   . ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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Office Use Only

MRS 1/11/08

COVER LETTER

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

SUBJECT: **SLATON ACCOUNTING SERVICES, INC**
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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: **SLATON ACCOUNTING SERVICES, INC**
Name (Printed or typed)

28887 VERMILLION LN
Address

BONITA SPRINGS, FL 34135
City, State & Zip

239-287-8522
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:

SLATON ACCOUNTING SERVICES, INC.

ARTICLE II   PRINCIPAL OFFICE
The principal place of business/mailing address is:
28887 VERMILLION LN
BONITA SPRINGS, FL 34135

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is:
ACCOUNTING 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):

CAROL L SLATON
28887 VERMILLION LN
BONITA SPRINGS, FL 34135
PRESIDENT

ARTICLE VI   REGISTERED AGENT

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

DAVID M GRUBER CPA PA
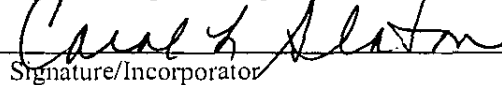5052 TAMIAMI TRAIL N STE A
NAPLES, FL 34103

ARTICLE VII   INCORPORATOR

The **name and address** of the Incorporator is:
CAROL L SLATON
28887 VERMILLION LN
BONITA SPRINGS, FL 34135

****

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

_____   1/7/08
Signature/Registered Agent   Date

_____   1/7/08
Signature/Incorporator   Date