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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT:	SUNCOAST ACCOUN	JING ASSOCIA	TES, INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artic	eles 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 CO	& Certificate of Status				
FROM:	JAMES V CASE Name (Printed or typed)						
	1420 BEACH RUAD 101 Address						
	Address						
	ENGLEWOOD, FL 34223-4294						
	City, State & Zip						
	270-766-7697 Daytime Telephone number						

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION of SUNCOAST ACCOUNTING ASSOCIATES, INC.

The undersigned hereby executes these Articles of Incorporation for the purpose of forming, and does hereby form a Corporation, organized under the laws of the State of Florida, in compliance with Chapter 607 and/or Chapter 621,F.S. (Profit).

ARTICLE I Name

The name of the corporation shall be:

SUNCOAST ACCOUNTING ASSOCIATES, INC.

ARTICLE II

Initial Principal Office

The principal street address and mailing address, if different is:

2822 Proctor Road, Suite B, Sarasota, FL 34231

ARTICLE III

Purpose

The purpose for which the corporation is organized is:

To engage in a bookkeeping, accounting and tax practice.

ARTICLE IV

Shares

The number of shares of stock is:

1000 Shares

ARTICLE V

Initial Officers and/or Directors

Patricia L. Rollins, President, 1891 Rita Street, Sarasota, FL 34231

ARTICLE VI

Registered Agent

The name and Florida street address of the registered agent is:

James V. Case, 1420 Beach Road # 101, Englewood, FL 34223-4294

ARTICLE VII

The name and address of the Incorporator is:

Patricia L. Rollins, 1891 Rita Street Sarasota, FL 34231

EXECUTED AND ACKNOWLEDGE	ED by the undersigned in Sarasota, Florida,
this	
Having been named as registered agent to accept service affine place designated in this certificate, I am familiar with and agree to act in this capacity.	
Dono Care	3-19-09
Signature/Registered Agent	Date
Oktruie L. Collesi Signature/Incorporator	<u>3 -/9 - 0 9</u> Date

2009 HAR 24 PM 4: 15
SECRETARY OF STATE