

P09000050047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

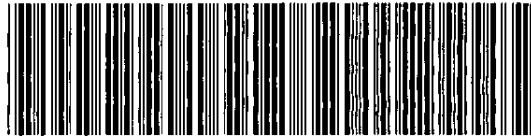
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/09--01012--031 **78.75

FILED
09 JUN -8 AM 11:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
6/9

COVER LETTER

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

SUBJECT: _____

Smart Solution Bookkeeping, Inc.
(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: _____

Tara Barchetta
Name (Printed or typed)

4300 SW 70th TR
Address

Davie FL 33314
City, State & Zip

904-612-5370
Daytime Telephone number

Xingtao45@gmail.com
E-mail address: (to be used for future annual report notification)

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)

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ARTICLE I NAME

The name of the corporation shall be:

Smart Solution Bookkeeping Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

4300 SW 10th TR
Davie FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engaged in any lawful act or activity for which
Corporations may be organized under Florida Business
Corp. Act

ARTICLE IV SHARES

The number of shares of stock is:

500 shares of no par common voting stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tara Barchetta - president

ARTICLE VI REGISTERED AGENT

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

Tara Barchetta
4300 SW 10th TR
Davie FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tara Barchetta
4300 SW 10th TR
Davie FL 33314

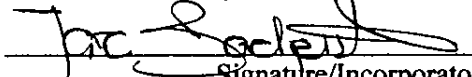
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/21/09

Date



Signature/Incorporator

5/21/09

Date