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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9835

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Robin C. Weeks, C.P.A., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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09 NOV 17 PM 1:50

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ROBIN C. WEEKS, C.P.A., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

402 SOUTH SIXTH AVE
WAUCHULA, FLORIDA 33873

ARTICLE III PURPOSE

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation in executing its purpose as a certified public accountant.

ARTICLE IV SHARES

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$1.00

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT
ROBIN C. WEEKS
402 SOUTH SIXTH AVE
WAUCHULA, FLORIDA 33873

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 ROBIN C. WEEKS, C.P.A., P.A.

ARTICLE VI REGISTERED AGENT

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

ROBIN C. WEEKS
402 SOUTH SIXTH AVE
WAUCHULA, FLORIDA 33873

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

ROBIN C. WEEKS
402 SOUTH SIXTH AVE
WAUCHULA, FLORIDA 33873

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.


ROBIN C. WEEKS / Registered Agent

11/17/09
Date


ROBIN C. WEEKS / Incorporator

11/17/09
Date