

P10000095925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100187739691

11/22/10--01009--011 *478.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV 22 PM 4:33

APPROVED
AND
FILED

Handwritten signature

COVER LETTER

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

SUBJECT: David Aldridge, CPA, P.A.

(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: David P. Aldridge

Name (Printed or typed)

222 S US Highway 1, Suite 202

Address

Tequesta, FL 33469

City, State & Zip

561 744-1176

Daytime Telephone number

dacpa222@yahoo.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)

APPROVED
AND
FILED

ARTICLE I NAME David Aldridge, CPA, P.A.
The name of the corporation shall be:

10 NOV 22 PM 4:36

ARTICLE II PRINCIPAL OFFICE
Principal street address
222 S US Highway 1, Suite 202
Tequesta, FL 33469

Mailing address different is STATE
TALLAHASSEE, FLORIDA

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>David P. Aldridge, President, Dir.</u>	Name and Title: _____
Address: <u>8702 SE Sandcastle Circle</u>	Address: _____
<u>Hobe Sound, FL 33455</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

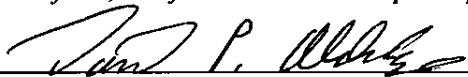
Name: David P. Aldridge
Address: 222 S US Highway 1, Suite 202
Tequesta, FL 33469

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David P. Aldridge
Address: 222 S US Highway 1, Suite 202
Tequesta, FL 33469

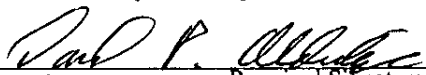
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11-18-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


David P. Aldridge
Required Signature/Incorporator

11-18-10
Date