

P10000098416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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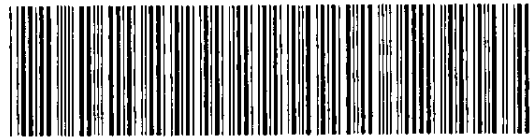
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 DEC -6 AM 11:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 06 2010

COVER LETTER

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

SUBJECT: Tally Up Tax & Accounting, 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: Ravyn J. Fears
Name (Printed or typed)
54 Ravyn Rd
Address
Crawfordville, FL 32327
City, State & Zip
850-509-7096
Daytime Telephone number
tallyuptax@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Tally Up Tax & Accounting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
54 Ravyn Rd
Crawfordville, FL
32327

Mailing address, if different is:
P.O. Box 1372
Woodville, FL 32362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ravyn J. Fears, EA Name and Title: _____
Address: 54 Ravyn Rd President Address: _____
Crawfordville, FL 32327

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: Ravyn J. Fears, EA
Address: 54 Ravyn Rd
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ravyn Fears
Address: 54 Ravyn Rd
Crawfordville, FL 32327

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

Ravyn J. Fears
Required Signature/Registered Agent

12/6/10
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.

Ravyn J. Fears
Required Signature/Incorporator

12/6/10
Date

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TALLAHASSEE, FLORIDA