

P10000099189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

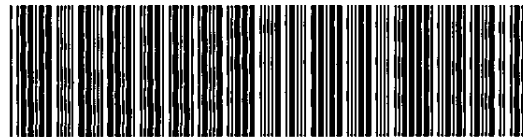
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300188239033

EFFECTIVE DATE 1-1-11

12/07/10--01012--004 \*\*78.75

FILED  
10 DEC - 7 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 12/8/10

## COVER LETTER

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

SUBJECT: JONATHAN VRABEC M.B.A. 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JONATHAN VRABEC  
Name (Printed or typed)

6410 GLEN ARDEN LANE  
Address

BRADFORD, FLORIDA 34202  
City, State & Zip

941 545 6277  
Daytime Telephone number

CPARNSDC@TAMCARAY.RR.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)

**ARTICLE I NAME**

The name of the corporation shall be: JONATHAN VRABEC M.B.A., C.P.A., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6410 GLEN ABBEY LANE  
BRADENTON, FLORIDA 34202

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PRACTICE OF CERTIFIED PUBLIC ACCOUNTING

EFFECTIVE DATE 1-1-11

**ARTICLE IV SHARES**

The number of shares of stock is:

25

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JONATHAN VRABEC President  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: JONATHAN VRABEC  
Address: 6410 GLEN ABBEY LANE  
BRADENTON, FLORIDA 34202

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JONATHAN VRABEC  
Address: 6410 GLEN ABBEY LANE  
BRADENTON, FLORIDA 34202

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

12/3/10  
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.

Required Signature/Incorporator

12/3/10  
Date

Please see effective date

FILED  
10 DEC -7 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VIII

EFFECTIVE DATE OF  
JANUARY 1, 2011