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EFFECTIVE DATE 1-1-11

TO DEC 28 AM 9 23
SECRETARY OF STATE

PS 17

RECEIVED 10 DEC 28 AH II: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Laurie Stanton 10081 Pines Blvd E-1 Pembroke Pines, FL 33024

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

via certified mail Article Number – 7010 1060 5990 4002

RE: Ace Bookkeeping, Inc. Ref. Number: W10000056520

Dear Ms. Smith,

Please find attached the update Articles of Incorporation for Ace Bookkeeping, Inc. including the incorporator with address.

We would like to show an effective date of 01/01/2011.

Thanking you in advance for all you help with this matter.

Laurie A. Stanton December 22, 2010



RECEIVED 10 DEC 28 AM II: 04

FLORIDA DEPARTMENT OF STATE

Division of Corporations

December 7, 2010

LAURIE STANTON 10081 PINES BLVD E-1 PEMBROKE PINES, FL 33024

SUBJECT: ACE BOOKKEEPING, INC.

Ref. Number: W10000056520

We have received your document for ACE BOOKKEEPING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 310A00028272

COVER LETTER

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

SUBJECT: Ace Bookkeeping, Inc.	
(PROPOSED CORPORA	TE NAME – MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Laurie Stanton	(Printed or typed)
10081 Pines Blvd E-1	
-	Address
Pembroke Pines, FL 3	3024 State & Zip
954-435-2424 Daytime T	elephone number
acebookkeepinginc@gm E-mail address: (to be used	ail.com I 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)

FILED

ARTICLE I NAME Ace Bookkeeping, In	c FreeD
The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE	111 3 2
Principal street address	Mailing address, if different is: Fig. C. W. B. T.
10081 Pines Blvd	Mailing address, if different is: 07 STATE
Suite E-1	- 一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一
PembrokePines, FL 33024	
ARTICLE III PURPOSE	·
The purpose for which the corporation is organized is:	
Provide bookkeeping services	
	EFFECTIVE DATE/-/-
	EEEECTIVE DATE /-/
	CHECITY DATE
	The same of a state of the stat
ARTICLE IV SHARES	
The number of shares of stock is: 100	
	rong
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	Name and Title:
Address: 14301 SW 23 Street	Address:
Davie, FL 33325	
<u> </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	e) of the registered agent is:
Name: Laurie Stanton	
Address: 14301 SW 23 Street	
Davie, FL 33325	
DATOL WITH AND ADDROVE A MOD	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is! tunton	
Address: 1430/ 3/0 03 St.	
Davu, FL 33325	Trlanu
EFFECTIVE DATE - OL	7/12011 ·
laying been named as registered agent to accept service of pro	ocess for the above stated corporation at the place designated in
his certificate, ham familiar with and accept the appointment as	registered agent and agree to act in this capacity
au Da	11/20/10
eure In C	
Required Signature/Registered Agent	Date
Submit this document and affirm that the facts stated becals	are true. I am aware that the false information submitted in a
locument to the Department of State constitutes a third degree for	elony as provided for in s.817.155. F.S.
MUSTO PONA.	11/29/10
Required Signature/Incorporator	Date