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(Address)

(City/State/Zip/Phone #)

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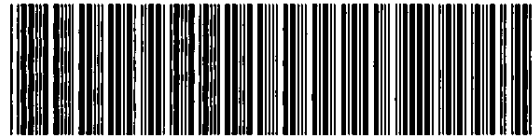
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 DEC 30 PM 2:02

APPROVED
AND
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COVER LETTER

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

SUBJECT: Accounting & Tax Professionals of the Emerald Coast, 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: Accounting & Tax Professionals of the Emerald Coast, Inc.
Name (Printed or typed)

PO Box 2238

Address

Crestview, FL 32539

City, State & Zip

(850) 226-8450

Daytime Telephone number

melissa.nulty@cox.net

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: Accounting & Tax Professionals of the Emerald Coast, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
136 Palmetto Drive
Crestview, FL 32539

Mailing address, if different is:
PO Box 2238
Crestview, FL 32536

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
any or all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melissa Nulty, President
Address: PO Box 2238
Crestview, FL 32536

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: Melissa Nulty
Address: 136 Palmetto Drive
Crestview, FL 32539

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa Nulty
Address: PO Box 2238
Crestview, FL 32539

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

Melissa M. Nulty
Required Signature/Registered Agent

12/22/2010
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.

Melissa M. Nulty
Required Signature/Incorporator

12/22/2010
Date

10 DEC 30 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE
AND
FILED