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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 6 2011

COVER LETTER

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

SUBJECT: STUART SONNE & COMPANY, 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

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

FROM: STUART SONNE

Name (Printed or typed)

37947 BURHANS ROAD

Address

EUSTIS

FL

32736

City, State & Zip

352-483-2650

Daytime Telephone number

ssonne@attglobal.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: **STUART SONNE & COMPANY, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
37947 BURHANS ROAD
EUSTIS, FL 32736

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAX, ACCOUNTING AND BOOKKEEPING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: **1000 No Par Value Common Stock**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STUART SONNE, DIR., PRES., TREAS.	Name and Title: _____
Address: 37947 BURHANS ROAD	Address: _____
EUSTIS, FL 32736	_____
_____	_____

Name and Title: ELAINE S. SONNE, DIR., SEC'Y	Name and Title: _____
Address: 37947 BURHANS ROAD	Address: _____
EUSTIS, FL 32736	_____
_____	_____

Name and Title: PAMELA L. SONNE, DIRECTOR	Name and Title: _____
Address: 660 NORTH SUNSET DRIVE	Address: _____
MT. DORA, FL 32757	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

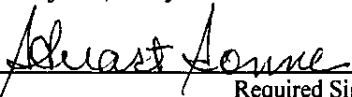
Name: **STUART SONNE**
Address: **37947 BURHANS ROAD**
EUSTIS, FL 32736

ARTICLE VII INCORPORATOR

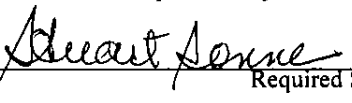
The name and address of the Incorporator is:

Name: **STUART SONNE**
Address: **37947 BURHANS ROAD**
EUSTIS, FL 32736

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	<u>01/01/11</u> _____ Date
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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	<u>01/01/11</u> _____ Date
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