

P11000010818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

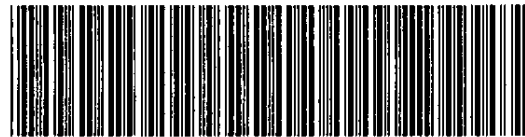
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900191706399

01/18/11--01065--013 \*\*78.75

WM-3385

FILED

2011 JAN 31 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 1 2011

## COVER LETTER

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

SUBJECT: Bookkeeping Systems Plus, 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: Akleema Ali

Name (Printed or typed)

1141 NW 99 Terrace

Address

Pembroke Pines, FL 33024

City, State & Zip

954-558-1766

Daytime Telephone number

akleemaali@hotmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



RECEIVED

11 JAN 31 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2011

AKLEEMA ALI  
10081 PINES BLVD STE E-1  
PEMBROKE PINES, FL 33024

SUBJECT: BASIC BOOKKEEPING SERVICES, INC.  
Ref. Number: W11000003385

We have received your document for BASIC BOOKKEEPING SERVICES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 611A00001567

1/28/11

PLEASE SEE ATTACHED -

REQUEST FOR NAME CHANGE

Akleema Ali

www.sunbiz.org

**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: Bookkeeping Systems Plus, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Bookkeeping Systems Plus, Inc.  
1141 NW 99 Terrace  
Pembroke Pines, FL 33024

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Bookkeeping services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Akleema Ali, President  
Address: 1141 NW 99 Terrace  
Pembroke Pines, FL 33024

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: Akleema Ali  
Address: 1141 NW 99 Terrace  
Pembroke Pines, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Akleema Ali  
Address: 1141 NW 99 Terrace  
Pembroke Pines, FL 33024

*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*

Akleema Ali

Required Signature/Registered Agent

1/4/11

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.*

Akleema Ali

Required Signature/Incorporator

1/4/11

Date

FILED  
2011 JAN 31 PM 4:41  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA