

P1100004647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

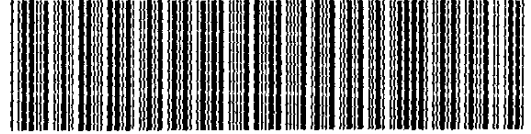
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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MAY -9 PM 3:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

PS
will-1

COVER LETTER

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

SUBJECT: THE BOOK KEEPER 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: Donna Pace
Name (Printed or typed)
4242 Springs Lane
Address
Bonita Springs FL 34134
City, State & Zip
239-450-3876
Daytime Telephone number
Pace-dwke@aol.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 MAY -9 PM 1:59
DIVISION OF CORPORATIONS

March 22, 2011

DONNA PACE
4242 SPRINGS LANE
BONITA SPRINGS, FL 34134

SUBJECT: THE BOOKKEEPER, INC
Ref. Number: W11000016336

We have received your document for THE BOOKKEEPER, INC and your check(s) totaling \$70.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 311A00006992

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: The Local Bookkeeper, Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

4242 Springs Lane
Bonita Springs FL
34134

Mailing address, if different is:

MAY -9 PM 3

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Book keeping service for small companies

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna A Pace / PRES.
Address: 4242 Springs Lane
Bonita Springs, FL
34134

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: Donna A Pace
Address: 4242 Springs Lane
Bonita Springs, FL 34134

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Donna A Pace
Address: 4242 Springs Lane
Bonita Springs FL 34134

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

Donna A Pace
Required Signature/Registered Agent

5-2-2011
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.

Donna A Pace
Required Signature/Incorporator

5-2-2011
Date