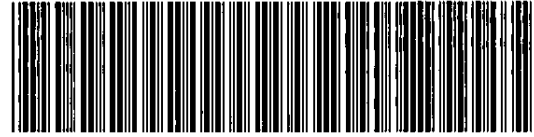


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(Requestor's Name)

(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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FILED

T. Burch JUL 5 2011

COVER LETTER

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

SUBJECT: GEORGE I AUGUSTIN, CPA PA
(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 type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: GEORGE I AUGUSTIN
Name (Printed or typed)

240 N WASHINGTON BLVD # 301
Address

SARASOTA, FL 34236
City, State & Zip

941-955-7829
Daytime Telephone number

GEORGEAUGUSTIN@VERIZON.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: GEORGE I AUGUSTIN, C.P.A., P.A

ARTICLE II PRINCIPAL OFFICE

Principal street address
240 N WASHINGTON BLVD # 301
SARASOTA, FL 34236-5945

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE PROFESSIONAL ACCOUNTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GEORGE I AUGUSTIN, PRESIDENT Name and Title: _____
Address: 240 N WASHINGTON BLVD # 301 Address: _____
SARASOTA, FL 34236 - 5945

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) of the registered agent is:

Name: PAM DANIEL
Address: 9121 MIDNIGHT PASS RD
SARASOTA, FL 34242

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GEORGE I AUGUSTIN
Address: 240 N WASHINGTON BLVD # 301
SARASOTA, FL 34236 - 5945

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

Pam Daniel

Required Signature/Registered Agent

6/28/11

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.

George I Augustin

Required Signature/Incorporator

6/28/11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA