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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 : (305)633-9696 Fax Number

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Accounting Group, Inc

| Certificate of Status | Û |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
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COVER LETTER #11000203801

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

| SUBJECT: ACCOUNTING C | TOUP INC. TENAME MUST INCLUDE SUFFIX | | |
|--|---|--|--|
| (PROPOSED GORPORA | TE NAME 2 <u>MUST INCLUDE SUFFIX</u>) | | |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and a check for: | | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED | | |
| | | | |
| FROM: ACCOUNTING GROUP, Inc. Name (Printed or typed) | | | |
| 19925 NE ACT Address | | | |
| Michani, FL 33/79 City, State & Zip | | | |
| 305 - 655 - 0885 Daytime Telephone number | | | |
| E-mail address: (to be used for future annual report notification) | | | |

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

H11000203801

H11000203801

| | | | 411000 m 2 s 0 1 |
|---|--|---|---|
| | | CLES OF INCORPORATION | |
| | - | Chapter 607 and/or Chapter 6 | |
| ARTICLE I | <u>NAME</u> →CCOU | inting Grouf, | INC ES = |
| The name of the o | corporation shall be: | 0 , | 空船 등 " |
| ARTICLE II | PRINCIPAL OFFICE | | |
| AKIICHEII | Principal street address/ | | Mailing address, if different & |
| | 19725 NE LACT | | Wanting andress, it differentials |
| | Miami FL 33/79 | | 77.77 |
| | | | |
| | | | 22 % |
| ARTICLE III | | 1.5 | Dr. |
| The purpose for | which the corporation is organized | 1 18: - 4 2 | ×1 ('= 10)'0 = |
| 10 170000 | le Accounting sur | vice and indi | sidual Tax Services |
| | Q | • | |
| | | | |
| | | | |
| ADMINIT DI TIT | CITADEG | | |
| ARTICLE IV The number of sh | SHARES ares of stock is: 1,000 | | |
| The homoer of 212 | ares of suck is. | | |
| ARTICLE V | INITIAL OFFICERS AND/O | R DIRECTORS | |
| Name and 7 | Title: NOU Yes dieus | | `itle: |
| Address: | 19975 NE 14C1 | Address: | |
| | Hiami, FL 331 | 79 | |
| | <u> </u> | | |
| Manage and 7 | itle: Sophonie P. Ve | Soleci Name and 1 | 71.1 |
| Name and I | 19975 175 14C | | `itle: |
| Address; | HIGHT FL 33/ | Address: | |
| | mamy M. Si | | |
| | | | |
| Name and T | itle: | Name and T | `itle: |
| Address: | | Address: | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| | prida street address (P.O. Box NO | (Taccentable) of the registered | event ic |
| Name: | Nou Vergieu | 1 acceptance of the registered | agent is. |
| Address: | 19975 NE 14 | ct | |
| | HIGHTI, FL 33 | 779 | |
| | | | |
| ARTICLE VII | INCORPORATOR | | |
| | dress of the Incorporator is: | | |
| Name: Address: | MOU VESOICH | | |
| Adoress; | HIND YE 33 | 170 | |
| | mum, ra 33 | / * 7 | |
| Having been nam | ed as registered agent to accept se | ervice of process for the above | stated corporation at the place designated in |
| this certificate, I a | m familiar with and <mark>accept the a</mark> pp | ointment as registered agent a | nd agree to act in this capacity |
| 11 | 111111111111111111111111111111111111111 | | |
| 1.66 | WIIIC WAS | | 08-15-11 |
| | Required Signature/Regist | ered Agent | Date |
| | 9 | | |
| 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. | | | |
| 11/61 | 1/1// | | - ~ 1 ~ 11 |
| | WELL | | 08-15-11 |
| -1 | Required Signature/Inco | orporator | Date |

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