

P12000033206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

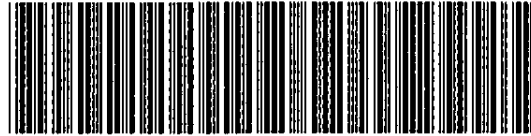
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W12-1505

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COVER LETTER

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

SUBJECT: Brad Watson, 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

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Brad Watson
Name (Printed or typed)

1581 Horizon Road
Address

Venice, FL 34293
City, State & Zip

941-400-7602
Daytime Telephone number

bradwatsoncpa@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

March 15, 2012

BRAD WATSON
1581 HORIZON ROAD
VENICE, FL 34293

SUBJECT: BRAD WATSON, CPA, PA
Ref. Number: W12000015005

We have received your document for BRAD WATSON, CPA, PA 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 specific business purpose of the professional association must be stated in the document.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 012A00009437

Cliffen Pkg - New Filings
2661 Executive Clerk Circle
Tallahassee, FL 32301
www.sunbiz.org

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Brad Watson, CPA, PA
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1581 Horizon Road
Venice, FL 34293

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
~~Any lawful business in the State of Florida.~~

CPA Firm

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Brad Watson, President</u>	Name and Title: _____
Address: <u>1581 Horizon Road</u>	Address: _____
<u>Venice, FL 34293</u>	_____

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:

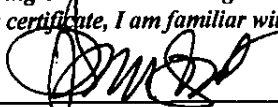
Name: Brad Watson
Address: 1581 Horizon Road
Venice, FL 34293

ARTICLE VII INCORPORATOR

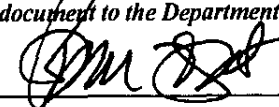
The name and address of the Incorporator is:

Name: Brad Watson
Address: 1581 Horizon Road
Venice, FL 34293

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>3/7/2012</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>3/7/2012</u> _____ Date
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