

P120000037069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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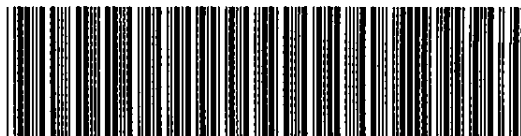
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: Sabas & Associates Accountant.P.A

(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: Sabas Gonzalez

Name (Printed or typed)

14520 s w 179 lane

Address

Miami, fl 33177

City, State & Zip

8am to 5 p.m 305.378.8535

Daytime Telephone number

sabasgonzalezrealtor@mail.com

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: **Sabas associates accountant P.A**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
14520 s w 179 lane, Miami, fl 33177

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To work in accountant services , ~~Prepare taxes and advisor services~~

ARTICLE IV SHARES

The number of shares of stock is: **100** at 1 dollar per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Sabas Gonzalez**

Address: **14520 s w 179 lane, miami, fl 33177**

Name and Title: **Nelly Gonzalez, Secretary, 14520 s w 179 lane, miami, fl 33177**

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: **Sabas Gonzalez**

Address: **14520 s w 179 lane, miami, fl 33177**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Sabas Gonzalez**

Address: **14520 s w 179 lane, miami, fl 33177**

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

04/05/2012

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.

Required Signature/Incorporator

04/05/2012

Date

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