

P12000065863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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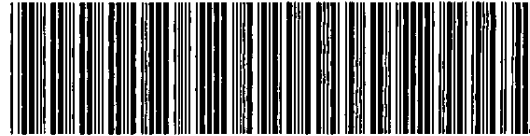
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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W12-37767  
630



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2012

KAREN HILL  
130 LOQUAT LANE  
SARASOTA, FL 34232

SUBJECT: KAREN M. HILL, CPA, PA  
Ref. Number: W12000037707

We have received your document for KAREN M. HILL, 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.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00018947

**COVER LETTER**

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

SUBJECT: Karen M. Hill, 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: Karen M Hill  
Name (Printed or typed)  
130 Lequat Lane  
Address  
Sarasota, FL 34232  
City, State & Zip  
813-300-1018  
Daytime Telephone number  
Karen-h1@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUL 27 AM 9:36

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**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:

Karen M Hill, CPA, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

130 Loguot Lane  
Sarasota, FL 34232

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business, specifically accounting and consulting services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Karen M Hill, President

Name and Title: \_\_\_\_\_

Address: 130 Loguot Lane  
Sarasota, FL 34232

Address: \_\_\_\_\_

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: Karen M Hill

Address: 130 Loguot Lane  
Sarasota, FL 34232

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karen M Hill

Address: 130 Loguot Lane  
Sarasota, FL 34232

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

Karen M Hill

Required Signature/Registered Agent

7/13/12  
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.

Karen M Hill

Required Signature/Incorporator

7/13/12  
Date

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