

P12000067170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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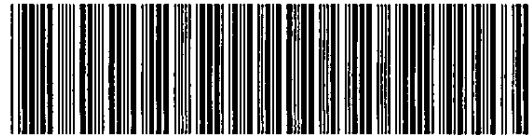
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: ACCUMULATIONS; LTD. INC.
(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: Michael A. Dulin
Name (Printed or typed)

1615 Cypress Drive
Address

Jupiter, Florida 33469
City, State & Zip

203-543-5852
Daytime Telephone number

finestrata@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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

The name of the corporation shall be:

Principal street address

Jupiter, FL 33469

Mailing address, if different is:

The purpose for which the corporation is organized is:

The number of shares of stock is:

Name and Title: Michael A. Dulin (President)

Jupiter, FL 33469

Name and Title:

Address:

Name and Title: Michael A. Dulin (Secretary)

Address: 1615 Cypress Drive

Jupiter, FL 33469

Name and Title:

Address:

Name and Title: Michael A. Dulin (Treasurer)

Address: 1615 Cypress Drive

Jupiter, FL 33469

Name and Title:

Address:

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael A. Dulin

Address: 1615 Cypress Drive

Jupiter, FL 33469

The name and address of the Incorporator is:

Name: Michael A. Dulin

Address: 1615 Cypress Drive

Jupiter, FL 33468

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

Michael D. Dineen

Required Signature/Registered Agent

July 30, 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.

Michael L. Quinn

Required Signature/Incorporator

July 30, 2012

Date _____

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 12 AUG -1 PM 2:48
BY 60322 UCBAW