

P12000088833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

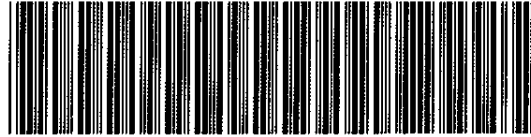
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500240904125

10/19/12--01019--001 **70.00

FILED
12 OCT 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/22/12

COVER LETTER

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

UP-TO-DATE ACCOUNTING ASSISTANCE, INC.

SUBJECT: _____
(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



\$7.50

Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JEANNINE SEAMANS

Name (Printed or typed)

4519 PELICAN BLVD.

Address

CAPE CORAL, FL 33914

City, State & Zip

239-994-0515

Daytime Telephone number

uptodateassistance@gmail.com

E-mail address (for official 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)

UP-TO-DATE ACCOUNTING ASSISTANCE, INC.

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal address

4519 PELICAN BLVD.
CAPE CORAL, FL 33914

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR TRANSACTING ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES 1,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEANNINE SEAMANS, PRESIDENT

Address: 4519 PELICAN BLVD.
CAPE CORAL, FL 33914

Name and Title:

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: JEANNINE SEAMANS

Address: 4519 PELICAN BLVD.
CAPE CORAL, FL 33914

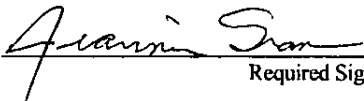
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEANNINE SEAMANS

Address: 4519 PELICAN BLVD.
CAPE CORAL, FL 33914

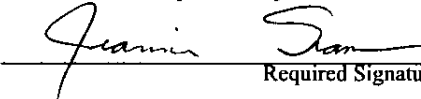
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/17/2012

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

10/17/2012

FILED
12 OCT 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA