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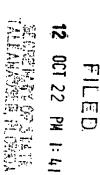
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COVER LETTER

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

SUBJECT: MARIANNE CALHOUN, CPA, 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 \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Marianne Montague-Calhoun, CPA Name (Printed or typed) 4225 55th Street Address Vero Beach Florida 32967 City, State & Zip 954-296-0180 Daytime Telephone number mariannemontague@gmail.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) <u>ARTICLE I</u> NAME MARIANNE CALHOUN, CPA, P.A. FILED The name of the corporation shall be: PRINCIPAL OFFICE Mailing address, if different's 22 PH 1: 41 ARTICLE II Principal street address 4225 55th Street Vero Beach Florida 32967 ARTICLE III PURPOSE The purpose for which the corporation is organized is: CPA firm operating as Professional Corporation ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS Name and Title: VICE PRESIDENT Name and Title: TREASURER Address: Gary Rema CALHOUN Address: Robert ALFONSO 10222 NW 47th Street 4225 55th Street Sunrise Florida 33351 Vero Beach Florida 32967 Name and Title: Marianne Montague-Calhoun, CPA Name and Title: Address: 4225 55th Street Vero Beach Florida 32967 PRESIDENT Name and Title:_ Name and Title: Address: Address: REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Robert ALFONSO Name: Address: 10222 NW 47th Street Sunrise Florida 33351 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Marianne Montague-Calhoun, CPA Address: 4225 55th Street Vero Beach Florida 32967 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

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.

Marsague-Calhoun Required Signature/Jacorporator

10/10/2012