

P 12000091947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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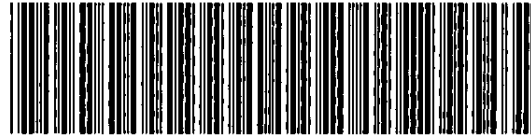
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV - 1 AM 9:29

PS 11/2/12

## COVER LETTER

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

**SUBJECT: Nightmare Accounting & Taxes 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: Mark S Brown

Name (Printed or typed)

P.O. Box 531231

Address

Saint Petersburg, FL 33747

City, State & Zip

727-482-9775

Daytime Telephone number

twoweeks2009@yahoo.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)

F.L. 2010  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: **Nightmare Accounting & Taxes Inc**

12 NOV - 1 AM 9:30

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6474 1st ave s  
Saint Petersburg, FL 33707

Mailing address, if different is:  
P.O. Box 531231  
Saint Petersburg, FL 33747

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
The purpose is to do accounting and tax work.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Mark S Brown  
Address: 6474 1st ave s  
Saint Petersburg, FL 33707

Name and Title: President / Owner  
Address: 6474 1st ave s  
Saint Petersburg, FL 33707

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: Mark S Brown  
Address: 6474 1st ave s  
Saint Petersburg, FL 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark S Brown  
Address: 6474 1st ave s  
Saint Petersburg, FL 33707

*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

10/26/2012

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

10/26/2012

Date