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SECRETARY OF STATE

~ 08/08/13

## **COVER LETTER**

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

SUBJECT: KAF	REN E. LEE C.P	.A., P.A. ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	PY REQUIRED

FROM: KAREN E. LEE	
Name (Printed or typed)	
6501 LEONARDO ST	
Address	
CORAL GABLES, FL 33146	
City, State & Zip	
305-815-1462	
Daytime Telephone number	
KARENLEE@BELLSOUTH.NET  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)

The name of the corpora	ME ttion shall be: KAREN E. LEE	C.P.A., P.A	<del>\</del>	
6501 LEON	Principal street address ARDO ST	Mail	ing address, if differer	nt is:
CORAL GA	BLES, FL 33146			
ARTICLE III PUR The purpose for which t CONSULTII	POSE the corporation is organized is: NG SERVICES.	OVIDE ACCOU	INTING, TAX	AND
ARTICLE IV SHA	100		SECRETA	AC TIME
The number of shares of	stock is: 100			5 F
ARTICLE V INTO		<b>RS</b> Name and Title:	7. <b>9.</b> 0.	?
Address	6501 LEONARDO ST CORAL GABLES, FL 33146	Address:	· · ·	
Name and Title:	:	_ Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address	· · · · · · · · · · · · · · · · · · ·	Address:		

Name a	and Title:	Name and Title:	34 47
Addre	SS	Address:	
Name:	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of KAREN E. LEE 6501 LEONARDO ST	the registered agent is:	
Address:  ARTICLE VI	CORAL GABLES, FL 33146		NATIONAL PROPERTY OF THE PROPE
The name and	address of the Incorporator is:		
- Name; Address:	KAREN E. LEE 6501 LEONARDO ST CORAL GABLES, FL 33146		
Having been no this certificate,	amed as registered agent to accept service of process j I am familiar with and accept the appointment as regin	for the above stated cor stered agent and agree t	poration at the place designated in to act in this capacity  8/2/13
	Required Signature/Registered Agent		Date
I submit this do	ocument and affirm that the facts stated herein are to e Department of State constitutes a third degree felony	rue. I am aware that th as provided for in s.817	e false information submitted in a 7.155, F.S. 8/2/13