PIBOWETHO

(Re	questor's Name)			
(Add	dress)			
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(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to I	Filing Officer:			

Office Use Only



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10/11/13--01008--009 **78.75

SECRETARY OF STATE DIVISION OF CORPORATIONS

· 2 (10/2)



FLORIDA DEPARTMENT OF STATE
Division of Corporation SLIAMASSEE, FLORIDA

October 14, 2013

MARC HARRIS 710 SE 2ND TERR POMPANO BEACH, FL 33060

SUBJECT: M HARRIS ACCOUNTING, P.A.

Ref. Number: W13000057024

We have received your document for M HARRIS ACCOUNTING, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The effective date is not acceptable since it is not within five working days of the date of receipt.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith. Regulatory Specialist II

Letter Number: 913A00024033

COVER LETTER

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

SUBJECT:	M Harris Accoun	TE NAME - MUST INCL	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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
	710 SE. 2nd Terrace	e (Printed or typed) Address	
	Pompano Beach F-City,	33060 State & Zip	<u> </u>
	954-593-3008	elephone number	
	i e	Lhos.com d for future annual report	·
	E-mail address: (to be use	d for future annual report	notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he name of the corporation	≛ an chall he:	Alterio A	essates PA	FILED SECRETARY OF ST DIVISION OF CORPORA	ATE ATION
			3 ,		
	CIPAL OFFICE rincipal street address		Mailing addr	13 OCT 24 PM I2 ess, if different is:	. 03
710 SE	2nd Terrie		•		
	Beuch FL 3306				_
Tompeno (jeuch FL 5304	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
RTICLE III PURP ne purpose for which the	OSE corporation is organized	is: treours	rins / Bookeepi.	og Services	
	3111-71				
	.				

RTICLE V INITI	AL OFFICERS AND/C		and Title		
	, _				
Address _		Terroce Addr	ess:		
					_
-	Pompano Seach	FL 33060			
-	Pompano Seach	FL 30c60			
-	Pompano Seach	FL 33c6c			
- - Name and Title:_	Pompano Seach		e and Title:		
		Name			
Name and Title: Address		Name			
		Name			
		Name	ess:		
Address		Name	ess:		
Address		Name	ess:		
Address		Name	ess: and Title:		
Address		Name	ess: and Title:		
Address		Name	ess: and Title:		

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Name and Title	e: <u></u>	Name and Titl	e:	12.03
Address		Address:	13 OCT 24 PF	
		<u></u>		
		<u> </u>		
				·
	GISTERED AGENT	Caba		
i ne <u>name and Fiorida</u>	street address (P.O. Box NOT acceptable)		gent is:	
Name:	Man Harris President	_		
Address:	710 SE 2nd Terrace			
	Pempano Beach F-L 3300	<u>6</u> 0		
ARTICLE VII INC	<u>CORPORATOR</u>			
The name and address	of the Incorporator is:			
Name:	Man Thing Preside	7		
Address:	710 SE and jerroue			
	Penperso Beach FZ 33	<u> </u>		
Having been named as	s registered agent to accept service of proce	ss for the above s	tated corporation at	the place designated in
this certificate, I am fa	miliar with and accept the appointment as r	egistered agent an	d agree to act in this	capacity
_	// -			10/22/13
	Required Signature/Registered Agent			Date
	t and affirm that the facts stated herein ar			rmation submitted in a
document to the Depar	tment of State constitutes a third degree feld	ony as provided fo	r in s.817.155, F.S.	•
L				10/22/13
7	Required Signature/Incorporator		,	Date
1 . 1 -		À		
Itrnicle _	VIII : Effective Dite	January	1 2014	' al
				7