

P/4000000 831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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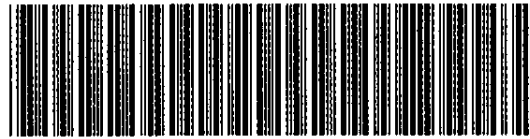
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature and initials

COVER LETTER

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

SUBJECT: MBC Accounting Specialists

(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: Margaret B Cunningham

Name (Printed or typed)

PO Box 212

Address

New Smyrna Beach, FL 32170

City, State & Zip

386.882.6056

Daytime Telephone number

peggycunningham11@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)

ARTICLE I NAME

The name of the corporation shall be: MBC Accounting Specialists INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5300 S. Atlantic Ave. Bldng 9-502

New Smyrna Beach, FL 32169

Mailing address, if different is:

PO Box 212

New Smyrna Beach, FL 32170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide contracted accounting services to businesses or individuals
in the capacity of, but not limited to, financial data capture, compilation, organization, and reporting.

ARTICLE IV SHARES 1

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margaret B Cunningham, Owner/President

Address

PO Box 212

New Smyrna Beach, FL 32170

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address

Address: _____

Name and Title: _____ Name and Title: _____

Address

Address: _____

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(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Margaret B Cunningham

Address: 5300 S Atlantic Ave Bldng 9-502

New Smyrna Beach, FL 32169

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Margaret B Cunningham

Address: PO Box 212

New Smyrna Beach, FL 32170

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

Margaret B Cunningham
Required Signature/Registered Agent

12/30/13
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.

Margaret B Cunningham
Required Signature/Incorporator

12/30/13
Date