

P 14000022593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

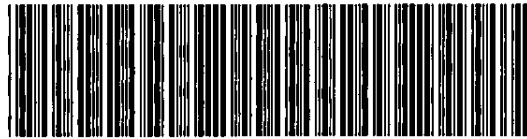
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14 MAR - 7 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MS
3-13-14

COVER LETTER

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

FILED
14 MAR - 7 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Jensen Accounting Services 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: Janet L Jensen

Name (Printed or typed)

150 SE Lincoln Cir N

Address

St. Petersburg, FL 33703

City, State & Zip

727-423-7132

Daytime Telephone number

jjensen2@tampabay.rr.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: Jensen Accounting Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

150 SE Lincoln Cir N.

St. Petersburg, FL 33703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide skilled accounting services to small business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Janet L Jensen President

Name and Title: _____

Address 150 SE Lincoln Cir N

Address: _____

St. Petersburg, FL

33703

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: Janet L Jensen
Address: 150 SE Lincoln Cir N
St. Petersburg, FL 33703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Janet L Jensen
Address: 150 SE Lincoln Cir N
St. Petersburg, FL 33703

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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
3/3/2014
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
3/3/2014
Date