

P14 0000 25018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

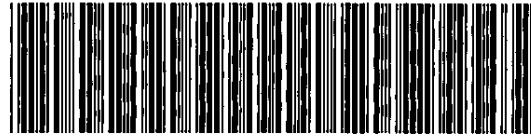
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03/18/14--01008--008 **87.50

14 MAR 18 PM 12:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

3/20/19

COVER LETTER

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

SUBJECT: **CALULATE MY BOOKS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Winneca Y. Montgomery**

Name (Printed or typed)

881 NW 213th Terr, Suite 202 Bldg 19

Address

Miami Gardens, Florida 33169

City, State & Zip

(305)-974-7362

Daytime Telephone number

winnecamontgomery@yahoo

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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 18 PM 12:30

ARTICLE I NAME

The name of the corporation shall be: CALCULATE MY BOOKS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

881 NW 213th Terr

Suite 202 Bldg 19

Miami Gardens, Florida 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Notary, Bookkeeping and Income Tax Service

ARTICLE IV SHARES

The number of shares of stock is: 25

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Winneca Y. Montgomery

Name and Title: _____

Address 881 NW 213th Terr

Address: _____

Apt 202 Bldg 19

President

Name and Title: Charvis Williams

Name and Title: _____

Address 5600 NW 12th Ave.

Address: _____

Miami, Florida 33127

Secretary

Name and Title: Charlene Woods

Name and Title: _____

Address 1800 NW 94th Street

Address: _____

Miami, Florida 33147

Treasurer

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: Willie J. Thompson

Address: 780 NE 199th Street, E102

Miami, Florida 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Winneca Y. Montgomery

Address: 881 NW 213th Terr, Apt 202 Bldg 19

Miami Gardens, Florida 33169

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

Willie J. Thompson

Required Signature/Registered Agent

3/14/14
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.

[Signature]

Required Signature/Incorporator

3/14/14
Date