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# **COVER LETTER**

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

SUBJECT:		Kason, CPA		
	(PROPOSED CORPORA	TE NAME – MUST INCL	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	
FROM: WILLIAM KASEL Name (Printed or typed)				
·	4831 924 AUE 18	= '		
Address				
	BRADONTON, FL City,	34208		
	City,	State & Zip	·	
	(941) 545-1254			
	Daytime T	elephone number		
	BKASOLQUMKCPA	·.com		
	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 INCORPORATION**

#### **ARTICLE I - NAME**

The name of the corporation shall be William M. Kaser, CPA, P.A.

#### **ARTICLE II - PRINCIPAL OFFICE**

Principal street address:

5610 Gulf of Mexico Dr, Suite 1-A Longboat Key, FL 34228

Mailing address, if different is:

4831 9<sup>th</sup> Ave E Bradenton, FL 34208

#### **ARTICLE III - PURPOSE**

The corporation is organized for the purpose of the practice of public accounting.

#### **ARTICLE IV - SHARES**

The number of shares of stock is 100.

## ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

William M. Kaser, President

Address:

4831 9th Ave E

Bradenton, FL 34208

## **ARTICLE VI - REGISTERED AGENT**

The name and Florida street address of the registered agent is:

William M. Kaser 4831 9<sup>th</sup> Ave E Bradenton, FL 34208

#### **ARTICLE VII - INCORPORATOR**

The name and address of the Incorporator is:

William M. Kaser 4831 9<sup>th</sup> Ave E Bradenton, FL 34208 BANGIN OF COMPANY SE

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

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.

incorporator

Registered Agent

Date

TO JUN 1 1 PM 12: 55

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Registered Agent 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.

Incorporator

Date

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