

P 14000069615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

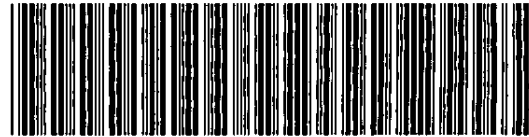
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/14--01009--015 **87.50

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14 AUG 18 PM 3.42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/20/14

COVER LETTER

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

SUBJECT: SMALL BUSINESS SERVICES OF NEW YORK, 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: LOUISE GRITMON

Name (Printed or typed)

5430 SALTAMONTE DR

Address

NEW PORT RICHEY, FL 34655

City, State & Zip

631-617-0576

Daytime Telephone number

TAXREP3@AOL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: SMALL BUSINESS SERVICES OF NEW YORK, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5430 SALTAMONTE DR.

NEW PORT RICHEY, FL 34655

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PREPARATION OF TAX RETURNS, ACCOUNTING, BOOKKEEPING,

AND ANY OTHER LEGAL BUSINESS IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOUISE GRITMON, SOLE OFFICER AND STOCKHOLDER

Address 5430 SALTAMONTE DR.
NEW PORT RICHEY, FL 34655

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF THE COURT
TREASURY DEPARTMENT
STATE OF 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: LOUISE GRITMON
Address: 5430 SALTAMONTE DR
NEW PORT RICHEY, FL 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOUISE GRITMON
Address: 5430 SALTAMONTE DR
NEW PORT RICHEY, FL 34655

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

08/02/2014

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

08/02/2014

Date

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TALLAHASSEE, FLORIDA