

P14000074653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

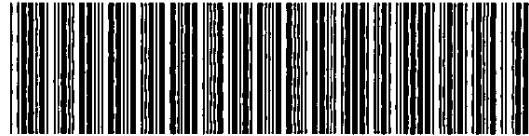
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263956071

09/08/14--01026--011 **/0.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP -8 PM 3:45

APPROVED
AND
FILED

1/11

COVER LETTER

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

SUBJECT: ALL COUNTY BOOKKEEPING & TAX 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 ☐ \$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: KARI-LYN HATCH
Name (Printed or typed)

2578 ENTERPRISE ROAD, SUITE 112
Address

ORANGE CITY, FL 32763
City, State & Zip

(386) 218-9881
Daytime Telephone number

khatch@allcountybookkeeping.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: ALL COUNTY BOOKKEEPING & TAX SERVICES, INC. 3:45

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE

2578 ENTERPRISE ROAD, SUITE 112

ORANGE CITY, FL 32763

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KARI-LYN HATCH, P/S/D

Name and Title: LISA LATHAM, V/T/D

Address 2578 ENTERPRISE ROAD

Address: 2578 ENTERPRISE ROAD

SUITE 112

SUITE 112

ORANGE CITY, FL 32763

ORANGE CITY, FL 32763

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

(conti.)

14 SEP -8 PM 3:45

Name and Title: _____ Name and Title: _____
Address _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: KARI-LYN HATCH
Address: 2578 ENTERPRISE ROAD, SUITE 112
ORANGE CITY, FL 32763

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KARI-LYN HATCH
Address: 2578 ENTERPRISE ROAD, SUITE 112
ORANGE CITY, FL 32763

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

Kari-Lyn M. Hatch 9/2/14
Required Signature/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.

Kari-Lyn M. Hatch 9/2/14
Required Signature/Incorporator Date