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(Business Entity Name)

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COVER LETTER

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

SUBJECT: **FARLEY'S TAX AND BOOKKEEPING 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: **CAROLYN FARLEY**
Name (Printed or typed)
7539 EASTVIEW PL.
Address
LAKELAND FLORIDA 33810
City, State & Zip
863 815-4810
Daytime Telephone number
pedie0126@verizon.net
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: FARLEY'S TAX AND BOOKKEEPING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7539 EASTVIEW PL.

LAKELAND FL. 33810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HAVE A PROFESSIONAL TAX SERVICE.

ARTICLE IV SHARES

The number of shares of stock is: 9

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROLYN FARLEY PRES.

Name and Title: JOHN FARLEY V.PRES.

Address 7539 EASTVIEW PL.
LAKELAND FL. 33810

Address: 5217 N. ORANGE AVE.
LAKELAND FL. 33810

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 SEP 24 AM 7 18
FARLEY'S TAX AND BOOKKEEPING INC.
LAKELAND FL. 33810

(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: CAROLYN FARLEY
Address: 7539 EASTVIEW PL.
LAKELAND FL. 33810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLYN FARLEY
Address: 7539 EASTVIEW PL.
LAKELAND FL. 33810

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

Carolyn Farley

Required Signature/Registered Agent

9/22/14

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.

Carolyn Farley

Required Signature/Incorporator

9/22/14

Date

RECEIVED
SEP 24 2014
TALLAHASSEE, FLORIDA

14 SEP 24 AM 7:18

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