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(Re	equestor's Name)	
(Ac	ldress)	····
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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·	Office Use On	hv.



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COVER LETTER

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

SUBJECT:	Hiestand,	Kucera	& Milner,	P.A.
	(PR	OPOSED CORPO	ORATE NAME – <u>N</u>	MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		I ADDITIONAL CU	JPY KEOUIKED

ЭМ•	Christopher Hiestand
,,,,,	Name (Printed or typed)
	4868 West Gandy Blvd
	Address
	Tampa, Florida 33611
	City, State & Zip
	813.440.6380
	Daytime Telephone number
-	chiestand@accell-ac.com

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)

RTICLE I NAME of the corporate	Eion shall be: Hiestand, Kucei	ra & Milne	er, P.A.	
	NCIPAL OFFICE Principal <u>street</u> address Sandy Blvd	;	Mailing address, if different is:	
ampa, FL 3				
RTICLE III PUR	POSE he corporation is organized is: to perf	orm acco	ounting services.	
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Name and Title	CAL OFFICERS AND/OR DIRECTOR Christopher Hiestand, Pres 4868 West Gandy Blvd	_ Name and Title	Danielle Kucera, VP 4868 West Gandy Bl	
Address	Tampa, FL 33611	_ Address: -	Tampa, FL 3361	
Name and Title:	Robert Milner, VP	- Name and Title	:	
Address	4868 West Gandy Blvd	Address:		
	Tampa, FL 33611	-		
Name and Title:		Name and Title		
Address		_ Address:	·	
		-		

Name and	Title:	Name and Title:
Address	·	Address:
ARTICLE VI	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agent is:
	Christopher Hiestand	the registered agent is.
Name: Address:	4868 West Gandy Blvd	
	Tampa, FL 33611	
ARTICLE VII	INCORPORATOR	
The name and add	<u>lress</u> of the Incorporator is:	
Name:	Christopher Hiestand	
Address:	4868 West Gandy Blvd	
	Tampa, FL 33611	
this certificate, I an	Required Signature/Registered Agent	for the above stated corporation at the place designated in istered agent and agree to act in this capacity 9 8 14 Date True. I am aware that the false information submitted in a
document to the D	partment of State constitutes a third degree felong	as provided for in s.817.155, F.S.
CMH	Required Signature/Incorporator	9/18/19 Date