

P14000086807

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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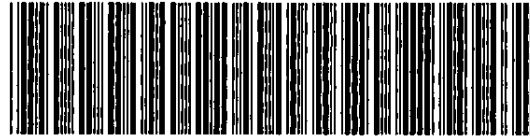
(Business Entity Name)

(Document Number)

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05/23/14--01012--009 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14 - 33186

✓ 10/23/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2014

FEDERICO GONZALEZ, CPA
1701 S.W. 98 AVE.
MIAMI, FL 33165

*** 3RD CORRECTION ***

SUBJECT: CONSOLIDATED CPA SERVICE, P.A.
Ref. Number: W14000033186

We have received your document for CONSOLIDATED CPA SERVICE, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 614A00011438



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2014

FEDERICO GONZALEZ, CPA
1701 S.W. 99 AVE.
MIAMI, FL 33165

*** 2ND CORRECTION ***

SUBJECT: CONSOLIDATED CPA SERVICE, P.A.
Ref. Number: W14000033186

We have received your document for CONSOLIDATED CPA SERVICE, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 614A00011438



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2014

FEDERICO GONZALEZ, CPA
1701 S.W. 99 AVE.
MIAMI, FL 33165

SUBJECT: F GONZALEZ, CPA & ASSOC.
Ref. Number: W14000033186

14 AUG -7 4:10 PM
TALLAHASSEE
FEDERAL
B
CP

We have received your document for F GONZALEZ, CPA & ASSOC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 614A00011438

7/2/2014

Dear Mr. Chang

As per our phone conversation, please
accept the completed corporate form

Thank you
[Signature]

www.sunbiz.org

FEDERICO GONZALEZ

COVER LETTER

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

SUBJECT: CONSOLIDATED CPA SERVICES, PA.
(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: FEDERICO GONZALEZ, CPA
Name (Printed or typed)

1701 SW 28 AVE
Address

MIAMI, FLORIDA 33165
City, State & Zip

305-763-1449
Daytime Telephone number

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: CONSOLIDATED CPA SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1701 SW 98 AVE

MIAMI, FL. 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE ACCOUNTING / TAX SERVICES

AND FINANCIAL PLANNING PROTECTION

INDIVIDUAL / SMALL BUSINESSES.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES \$1 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FEDERICO GONZALEZ, CPA Name and Title: PRES., TRUS. SEC.

Address: 1701 SW 98 AVE Address: _____
MIAMI, FLORIDA 33165

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

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: FEDERICO GONZALEZ
Address: 1701 SW 98 AVE
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: FEDERICO GONZALEZ, CPA
Address: 1701 SW 98 AVE
MIAMI, FL 33165

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TALLAHASSEE, FLORIDA

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

[Signature]
Required Signature/Registered Agent

9/16/2014
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.

[Signature]
Required Signature/Incorporator

9/16/2014
Date