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NOV -7 PM 12:00
DIVISION OF REVENUE
STATE OF ALABAMA

COVER LETTER

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

SUBJECT: **ITT ACCOUNTING & TAX 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: **Kathryn Kessler**

Name (Printed or typed)

3182 SW Centamino St.

Address

Port St Lucie, FL 34953

City, State & Zip

772-284-0305

Daytime Telephone number

kathyakessler@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: ITT ACCOUNTING & TAX INC,

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3182 SW Centamino St

Port St Lucie FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To perform accounting and tax services
to the general public and to business clients

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathryn Kessler President

Name and Title: _____

Address 3182 SW Centamino St
Port St Lucie, FL 34953

Address: _____

Name and Title: Kathryn Kisilewski Vice-President

Name and Title: _____

Address 3182 SW Centamino St
Port St Lucie, FL 34953

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

RECEIVED
DIVISION OF CORPORATE AFFAIRS
NOV - 7 PM 12:00

(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: Kathryn Kessler
Address: 3182 SW Centamino St.
Port St Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathryn Kessler
Address: 3182 SW Centamino St.
Port St Lucie, FL 34953

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

Kathryn Kessler
Required Signature/Registered Agent

11-5-2014
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.

Kathryn Kessler
Required Signature/Incorporator

11-5-2014
Date

11 NOV - 7 PM 12:00
BIVINS