

P14000101543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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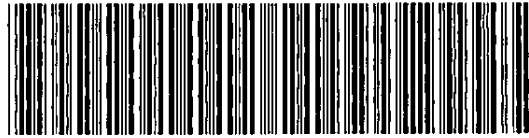
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Richard A. Glover, CPA, 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 ☐ \$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: Richard A. Glover, CPA
Name (Printed or typed)
Post Office Box 12612
Address
Tallahassee, Florida 32317
City, State & Zip
850-510-4300
Daytime Telephone number
ragtime52@yahoo.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: Richard A. Glover, CPA, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

1809 Miccosukee Commons Dr

Suite 108

Tallahassee, Florida 32308

Mailing address, if different is:

Post Office Box 12612

Tallahassee, Florida 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: certified public accountant.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard A. Glover, CPA - President

Address Post Office Box 12612

Tallahassee, Florida

32317

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Richard A. Glover, CPA
Address: 1809 Miccosukee Commons Dr. Suite 108
Tallahassee, Florida 32308

SECRET
TALLAHASSEE, FLORIDA

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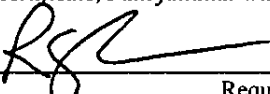
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AND
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ARTICLE VII INCORPORATOR

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

Name: Richard A. Glover, CPA
Address: Post Office Box 12612
Tallahassee, Florida 32317


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


Required Signature/Registered Agent

12/23/14

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.


Required Signature/Incorporator

12/23/14

Date

EFFECTIVE DATE IS JANUARY 02, 2015