

7/500001/53

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

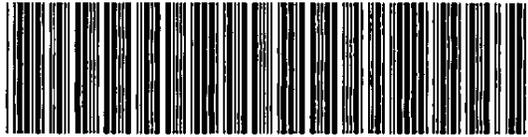
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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JAN 7 2015
S. GILBERT

COVER LETTER

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

SUBJECT: Larrisa M. Shaffer, CPA, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

effective date - January 1, 2015

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: Larrisa Shaffer

Name (Printed or typed)

340 Kingfisher Drive

Address

Jupiter, FL 33458

City, State & Zip

954-292-2839

Daytime Telephone number

lshaffer07@hotmail.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: Larrisa M. Shaffer, CPA, P.A.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

340 Kingfisher Drive

Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional accounting and audit services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larrisa Shaffer, President Name and Title: _____

Address: 340 Kingfisher Drive Address: _____

Jupiter, FL 33458 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Larrisa Shaffer

Address: 340 Kingfisher Drive
Jupiter, FL 33458

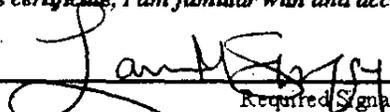
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Larrisa Shaffer

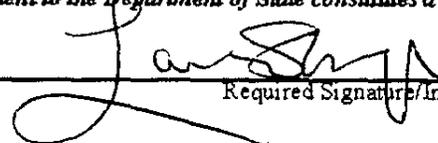
Address: 340 Kingfisher Drive
Jupiter, FL 33458

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

12/30/2014 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.

 Required Signature/Incorporator

12/30/2014 Date