P150000028/51

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

WISUWO 9287

MAR 2 6 2015

T. SCOTT



100268713751

02/02/15--01017--013 **105.00

15 MAR 25 AH 10: 40



RECEIVED

15 MAR 25 AM 10: 44

FLORIDA DEPARTMENT OF STATE Division of Corporations

CEDRO LARY DE STATE TATUAHA DEEL FLORIGA

March 4, 2015

COLETTE M PERRY ACCOUNTING PLUS, LLC 612 LOST KEY DR #602B PENSACOLA, FL 32507

SUBJECT: ACCOUNTING PLUS, LLC

Ref. Number: W15000009287

We have received your document for ACCOUNTING PLUS, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

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.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 315A00004451

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Accounting Plus, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Colette M. P	erry		
	Contact Person		
Accounting F	Plus, Inc.		
	Firm/Company		
612 Lost Ke	y Dr. #602B		
	Address		
Pensacola, f	FL 32507		
C	ity, State and Zip Code		
cperry@acco	ountingplusser	vices.com	
E-mail address: (to	be used for future annual re	eport notification)	
For further information	on concerning this mat	tter, please call:	
Colette Perr	y .	_at (850)29	1-7607
Name of Con	tact Person		me Telephone Number
Enclosed is a check f	or the following amou	nt:	
■ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
	^	NAATI ING A	DDDEGG

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Signed this 2nd day of Januar	20 /5
Signed this day of	, 20_75
Required Signature for Florida Profit Corporati	on:
Signature of Chairman, Vice Chairman, Director Coulombeen selected, an Incorporator: Printed Name: Colette Perry Title:	Officer, or, if Directors or Officers have not Incorporator
Required Signature(s) on behalf of Other Business	Entity: [See below for required
signature(s).	
Signature:	
Printed Name: Colette Perry	Title: Member
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	m: 1
Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation: Certified Copy:	\$70.00 \$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name	of the corporation shall be: Accounting	g Plus, Inc.	
ARTICLE The princip	E II PRINCIPAL OFFICE pal place of business/mailing address is:		
	Principal street address		Mailing address, if different is:
612 Lost Key			
Pensacola,	FL 32507		
	E III PURPOSE use for which the corporation is organized is		
	vide accounting, consulting and		o individuals and businesses.
	1 164		
-			
•	<u> </u>		
ARTICL	EIV SHARES 100		
The number	EIV SHARES er of shares of stock is:		
ARTICLI	E V INITIAL OFFICERS AND/OR	DIRECTORS	
Name and	Title: Colette M. Perry, President	Name and Tit	le: Katherine A. Hammac, Vice President
Address:	612 Lost Key Dr #602B	Address:	612 Lost Key Dr #602B
11441 \$33.	Pensacola, FL 32507		Pensacola, FL 32507
Name and	Title:	Name and Tit	le:
Address:		Address:	
N	Tide	Nome and Tit	Jo.
Name and	Title:	Name and Tit	ie:
Address:		Address:	
ARTICLE The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT		pistered agent is:
	Colette Perry	atopatoloj ol mo lej	D. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Name:	612 Lost Key Dr 602B	_	
Address:	Pensacola, FL 32507	_	

<i>ARTICLI</i> The <u>name</u>	E VII INCORPORATOR and address of the Incorporator is:	1 1 1	
Name:	Colette Perry	_	
Address:	612 Lost Key Dr 602B		
	Pensacola, FL 32507		
lesignated	en named as registered agent to acced in this certificate, I am familiar with a		registered agent and agree to act in th
designated			
designated capacity I submit t	in this certificate, I am familiar with a	nd accept the appointment as	registered agent and agree to act in the second sec