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APR 20 2015

T. SCOTT



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15 APR 16 AM 9:27

COVER LETTER

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

SUBJECT: Above the Bottom Line Accounting Services 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 ☐ \$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: Renee S Simpson
 Name (Printed or typed)
900 NE 179 Terrace
 Address
Miami FL 33162
 City, State & Zip
952-843-3034
 Daytime Telephone number
Sara Simpson@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: Above the Bottom Line Accounting Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

900 NE 179 Terrace
Miami, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Bookkeeping services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Renee S Simpson President

Name and Title: _____

Address

900 NE 179 Terrace
Miami FL 33162

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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(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: Renee S. Simpson

Address: 900 NE 179 Terrace

Miami, FL 33162

ARTICLE VII INCORPORATOR

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

Name: Renee S. Simpson

Address: 900 NE 179 Terrace

Miami, FL 33162

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

Renee S. Simpson

Required Signature/Registered Agent

4/8/15

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.

Renee S. Simpson

Required Signature/Incorporator

4/8/15

Date

RENEE S. SIMPSON