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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

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

	eyes & Associates, Inc.		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: Pa	ula Keyes Name	e (Printed or typed)	·
344	Casa Grande Drive	· • • • • • • • • • • • • • • • • • • •	
		Address	
Wi	nter Springs, FL 32708		
	City,	State & Zip	
407	2-810-0271		
	Daytime T	elephone number	
pau	la@paulakeyes.com		
	E-mail address: (to be used	for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.



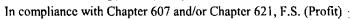
ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora	•	ociates, Inc.	15 OCT 19		
RTICLE II PRINCIPAL OFFICE Principal street address			SECRETARY OF STATE FALL AHASSES. FLORIDA Mailing address, if different is:		
344 Casa Grande Drive					
Winter Springs, FL 327	08				
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is:	rovide professional services	to clients. Those services to	include	
professional association	management of not-for-profit, e	ducation based associations	of a local, national or interna	ational origir	
AND bookkeeping serv	vices to small businesses in Centr	al Florida.			
				 	
ARTICLE IV SHAR	<i>ES</i> 100				
	stock is:				
		TITO D.C.			
<u>ARTICLE V INITIA</u>	AL OFFICERS AND/OR DIREC	<u>TORS</u>			
Name and Title	Paula Keyes	Name and Title	;		
Address	344 Casa Grande Drive	Address:			
	Winter Springs, FL 32708				
					
					
Name and Title	:	Name and Title	,,		
			·· <u></u>		
Address		Address:			
		,,			
Name and Title	•	Name and Title	:		
Address					
Auuress		Audress:		_	



Name a	nd Title:	Name and Title:	15 OCT 19 AM II: 16
Addres	SS	Address:	SECRETARY OF STATE FALLAHASSEE, FLORIDA
ARTICLE VI	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT acceptable Paula Keyes) of the registered agent	18:
Address:	344 Casa Grande Drive		
	Winter Springs, FL 32708		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	address of the Incorporator is:		
Name:	Paula Keyes		
Address:	344 Casa Grande Drive		
	Winter Springs, FL 32708	·	
Effective date, i (If an effective days after the f	f other than the date of filing: date is listed, the date must be specific and can filing.) te inserted in this block does not meet the applicate effective date on the Department of State's record	ole statutory filing requi	business days prior or 90 business
	med as registered agent to accept service of proc I am familiar with and accept the appointment as		
F	Required Signature/Registered Agent		10/12/15
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe		
F	arred Signature/Incorporator		10/12/15
Requ	uired Signature/Incorporator	· · · · · · ·	Date

ARTICLES OF INCORPORATION





TICLE II PURPOSE Testional services to small businesses in Central Florida. TICLE IV SHARES Name and Title: Address Paula Keyes Name and Title: Name and Title:	PRINCIPAL OFFICE Drive TL 32708 Principal street address Provide professional services to clients. Those services to include the corporation is organized is: Drive diation management of not-for-profit, education based associations of a local, national or international or green services to small businesses in Central Florida. PRINCIPAL OFFICERS AND/OR DIRECTORS IT Title: Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	ricle i NAME name of the corpora	Paula Keyes & Association shall be:	tes, Inc.	15 OCT 19 AM II: 18
Inter Springs, FL 32708 ITICLE III PURPOSE E purpose for which the corporation is organized is: provide professional services to clients. Those services to i pressional association management of not-for-profit, education based associations of a local, national or internative professional services to small businesses in Central Florida. ITICLE IV SHARES E number of shares of stock is: ITICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Winter Springs, FL 32708 Name and Title: Address Name and Title: Address Address: Address Address:	The services to include professional services to clients. Those services to include clients the corporation is organized is: Different	TICLE II PRINC	CIPAL OFFICE		SECRETARY OF STATE
Name and Title: Address Name and Title: Address Name and Title: Address Name and Title: Address Name and Title: Address: Name and Title: Address: Address: Address: Address:	SHARES 100 res of stock is: NITIAL OFFICERS AND/OR DIRECTORS d Title: Winter Springs, FL 32708 I Title: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title:	•	08		
Name and Title: Address Name and Title: Address Name and Title: Address Name and Title: Address Name and Title: Address: Name and Title: Address: Address: Address:	NITIAL OFFICERS AND/OR DIRECTORS d Title: State of stock is: Paula Keyes Name and Title: Address: Winter Springs, FL 32708 I Title: Name and Title: Address: Name and Title: Name and Title: Name and Title: Name and Title:	ofessional association	management of not-for-profit, educ	ation based associations of a	ients. Those services to include local, national or international or
Name and Title: Address Name and Title: Winter Springs, FL 32708 Name and Title: Address Name and Title: Address Address Address: Name and Title: Address Address: Address:	NITIAL OFFICERS AND/OR DIRECTORS d Title: State of stock is: Paula Keyes Name and Title: Address: Winter Springs, FL 32708 I Title: Name and Title: Address: Name and Title: Name and Title: Name and Title: Name and Title:				
Address Winter Springs, FL 32708 Name and Title: Address: Address: Address:	344 Casa Grande Drive Minter Springs, FL 32708 Name and Title: Address: Name and Title: Name and Title:	number of shares of	stock is:		
Address Winter Springs, FL 32708 Name and Title: Address: Address: Address:	344 Casa Grande Drive Winter Springs, FL 32708 Name and Title: Address: Name and Title: Name and Title:	Name and Title	Paula Keyes	Name and Title:	
Name and Title: Address Address:	Title: Name and Title: Address:			Address:	
Address Address:	Address: Title: Name and Title:		Winter Springs, FL 32708		
Address Address:	Address: Title: Name and Title:	Name and Title		Name and Title	
	Title: Name and Title:				
	Title: Name and Title:	Address		Address:	
Name and Title: Name and Title:				AP-14-T-1	
	Address:	Name and Title:		Name and Title:	
Address Address:		Address		Address:	



Name at	nd Title:	Name and Titl	15 OCT 19 AHTI: 18
Addres	s	Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
			
<i>ARTICLE VI</i> The <u>name and F</u>	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered a	gent is:
Name:	Paula Keycs		
Address:	344 Casa Grande Drive	_	
	Winter Springs, FL 32708	_	
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Paula Keyes		
Address:	344 Casa Grande Drive		
	Winter Springs, FL 32708	-	
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannilling.)		OPTIONAL) five business days prior or 90 business
	e inserted in this block does not meet the applicable effective date on the Department of State's records.		requirements, this date will not be listed as
	med as registered agent to accept service of proces am familiar with and accept the appointment as re		
Po	Required Signature/Registered Agent		10/12/15
	Required Signature/Registered Agent		Date
document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	ny as provided for	
Po	upa Keyea		10/12/15
Razur	ired Signature/Incorporator		Date

Date of this notice: 10-05-2015

Employer Identification Number:

47-5224531

Form: SS-4

Number of this notice: CP 575 A

PAULA KEYES & ASSOCIATES INC % PAULA KEYES 344 CASA GRANDE DRIVE WINTER SPRINGS, FL 32708

For assistance you may call us at: 1~800-829~4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-5224531. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.