

PI5000097420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

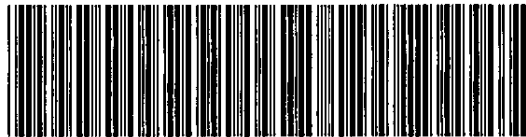
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EFFECTIVE DATE

1-1-16

FILED  
2015 NOV 30 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 8 2015

T. BROWN

## COVER LETTER

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

**SUBJECT:** STELLA PIERSALL, CPA, P.A.

(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 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:** STELLA PIERSALL  
\_\_\_\_\_  
Name (Printed or typed)  
  
P.O. BOX 1690  
\_\_\_\_\_  
Address  
  
DADE CITY, FL 33526-1690  
\_\_\_\_\_  
City, State & Zip  
  
352-424-1842  
\_\_\_\_\_  
Daytime Telephone number  
  
STELLA@PIERSALLCPA.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)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: STELLA PIERALL, CPA, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

37300 LAYTON RD.

P.O. BOX 1690

DADE CITY, FL 33525

DADE CITY, FL 33526-1690

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE PROFESSIONAL ACCOUNTING AND TAX PREPARATION SERVICES

**EFFECTIVE DATE**

1-1-16

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: STELLA PIERALL, PRESIDENT

Name and Title: \_\_\_\_\_

Address 37300 LAYTON RD

Address: \_\_\_\_\_

DADE CITY, FL 33525

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: STELLA PIERSALL  
Address: 37300 LAYTON RD.  
DADE CITY, FL 33525

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: STELLA PIERSALL  
Address: 37300 LAYTON RD.  
DADE CITY, FL 33525

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/24/15  
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.*

  
Required Signature/Incorporator

11/24/15  
Date