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(Business Entity Name)

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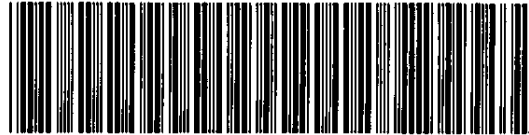
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T. SCOTT



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15 DEC 21 AM 10:40

COVER LETTER

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

SUBJECT: Anderson Accounting & Consulting, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lynette J. Anderson

Name (Printed or typed)

PO Box 44

Address

Apopka, FL 32704-0044

City, State & Zip

407-952-9366

Daytime Telephone number

lynne@lja-cpa.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: Anderson Accounting & Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

170 W. Magnolia St.

Apopka, FL 32703

Mailing address, if different is:

PO Box 44

Apopka, FL 32704-0044

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide accounting, bookkeeping and business consulting or other service allowed under the laws and regulations of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynette J. Anderson, President

Address: PO Box 44

Apopka, FL 32704-0044

Name and Title: Samuel H. Anderson, Secretary/VP

Address: PO Box 44

Apopka, FL 32704-0044

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

15 DEC 21 AM 10:40

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: Lynette J. Anderson _____

Address: 170 W. Magnolia St. _____

Apopka, FL 32703 _____

ARTICLE VII INCORPORATOR

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

Name: Lynette J. Anderson _____

Address: PO Box 44 _____

Apopka, FL 32704-0044 _____

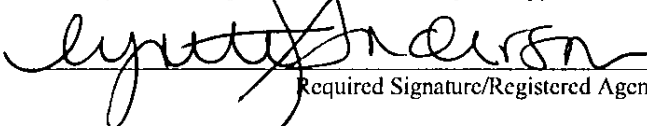
ARTICLE VIII EFFECTIVE DATE:

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

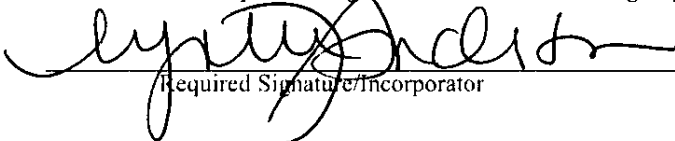


Required Signature/Registered Agent

12/11/15

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

12/11/15

Date