

PI6000006291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000280737990

01/08/16--01011--014 \*\*70.00

FILED  
2016 JAN -8 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 25 2016

T. BROWN

## COVER LETTER

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

**SUBJECT:** In Charge 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  
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:** Anna L. Wise  
\_\_\_\_\_  
Name (Printed or typed)

9033 Luea Lane  
\_\_\_\_\_  
Address

Swartz Creek, Michigan 48473  
\_\_\_\_\_  
City, State & Zip

1-772-834-8513  
\_\_\_\_\_  
Daytime Telephone number

Lynn@contractorincharge.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: In Charge Accounting Services Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9033 Luca Lane

Swartz Creek, Michigan 48473

Mailing address, if different is:

2408 Sifield Greens Way

Sun City Center, Fl 33573

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide bookkeeping and accounting services to small businesses.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Anna L. Wise, President

Address 2408 Sifield Greens Way

Sun City Center, FL 33573

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

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

Name and Title: Norman Wise, Vice President

Address 2408 Sifield Greens Way

Sun City Center, FL 33573

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

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: Julie Harte, CPA \_\_\_\_\_

Address: 9424 Balm Riverview Rd \_\_\_\_\_

Riverview, FL 33569 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Anna L. Wise \_\_\_\_\_

Address: 2408 Sifield Greens Way \_\_\_\_\_

Sun City Center, FL 33573 \_\_\_\_\_

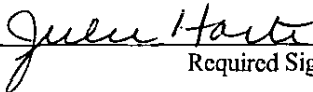
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (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.

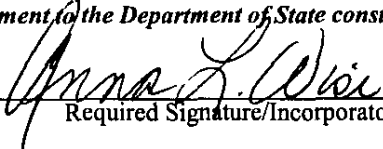
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

1/5/2016  
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

1/5/2016  
Date