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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 11 AM 11:55

COVER LETTER

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

SUBJECT: Book of Numbers, 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: Amy Bleskachek

Name (Printed or typed)

1004 Spoon Tail Ct.

Address

Tarpon Springs, FL 34689

City, State & Zip

727-729-2947

Daytime Telephone number

amybchek@yahoo.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: Book of Numbers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1004 Spoon Tail Ct.

Tarpon Springs, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide bookkeeping services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amy Bleskachek, President

Name and Title: _____

Address 1004 Spoon Tail Ct.

Address: _____

Tarpon Springs, FL 34689

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 11 AM 11:56

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: Amy Bleskachek
Address: 1004 Spoon Tail Ct.
Tarpon Springs, FL 34689

ARTICLE VII INCORPORATOR

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

Name: Amy Bleskachek
Address: 1004 Spoon Tail Ct.
Tarpon Springs, FL 34689


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

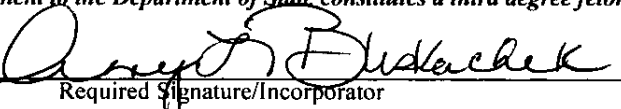
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 03/05/2016
Required Signature/Registered Agent 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.

 _____ 03/05/2016
Required Signature/Incorporator Date