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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AL. G. GUNN MAY - 9 2016

COVER LETTER

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

SUBJECT: S & P Bookkeeping and Accounting Services Corp
(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: Saily Garcia
Name (Printed or typed)

19350 SW 312 ST
Address

Hornestead Florida 33030
City, State & Zip

786-256-2920
Daytime Telephone number

Spbookkeeping2015@gmail.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: S & P Bookkeeping and Accounting Services Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19250 SW 312 ST
Hornestead FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Bookkeeping and Accounting Services

ARTICLE IV SHARES

The number of shares of stock is: 1000 @ \$ 0.10

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Saily Garcia Name and Title: Pavel Lorenzo

Address 19250 SW 312 ST Address: 19250 SW 312 ST
Hornestead FL 33030 Hornestead FL 33030

title: President title: Vice-President

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: Saily Garcia
Address: 19210 SW 212 ST
Homestead FL 33030

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ARTICLE VII INCORPORATOR

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

Name: Saily Garcia
Address: 19210 SW 212 ST
Homestead FL 33030

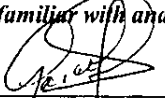
ARTICLE VIII EFFECTIVE DATE:

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.)

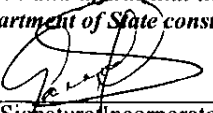
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/25/2016
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

4/25/2016
Date