

P160000040106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

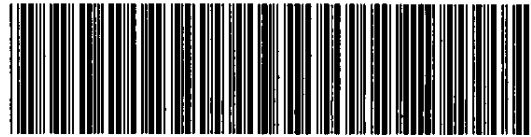
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/16--01025--005 **78.75

16 MAY -2 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Ouffigan MAY 10 2016

COVER LETTER

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

SUBJECT: Harold J Blotcher, EA 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: Harold Blotcher
Name (Printed or typed)

4725 Lucerne Lakes Blvd E, unit 205
Address

Lake Worth, FL 33467
City, State & Zip

7813635519
Daytime Telephone number

harold@haroldjblotchertaxes.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: Harold J Blotcher, EA, Inc

16 MAY -2 PM 2:06

ARTICLE II PRINCIPAL OFFICE

Principal street address
4725 Lucerne Lakes Blvd E

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS
TALLAHASSEE FLORIDA

Unit 205

Lake Worth, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Tax Preparation and Tax Resolution Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harold J Blotcher, President & Treasurer

Name and Title: Norma Blotcher, Vice President

Address 4725 Lucerne Lakes Blvd E

Address: 4725 Lucerne Lakes Blvd E

Unit 205

Unit 205

Lake Worth, FL 33467

Lake Worth, FL 33467

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: Harold Blotcher
Address: 4725 Lucerne Lakes Blvd E
Lake Worth, FL 33467

16 MAY -2 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Harold Blotcher
Address: 4725 Lucerne Lakes Blvd E
Lake Worth, FL33467

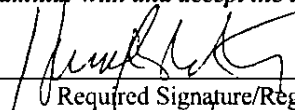
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 1, 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.)

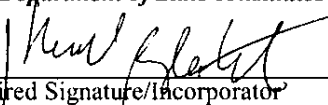
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/28/2016
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
HAROLD BLOTCHER

4/28/2016
Date