

P160000 51506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

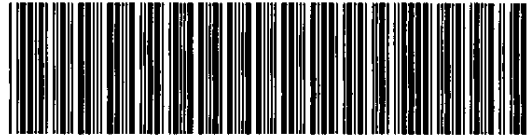
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100286560481

06/10/16--01020--001 \*\*78.75

FILED

16 JUN 10 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

SUBJECT: Bountifull Bookkeeping, 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: Marcella Yearwood  
Name (Printed or typed)

2359 Florence Road  
Address

Mount Dora, Florida 32757  
City, State & Zip

(352) 988-8195  
Daytime Telephone number

BountifullBooks@aol.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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: Bountifull Bookkeeping, Inc.

16 JUN 10 PM 12:49

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2359 Florence Road

Mount Dora, Florida 32757

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide bookkeeping and tax preparation services, to local  
businesses; as well as to train their owners and managers in basic services of the same, so as to allow growth in their  
industries.

**ARTICLE IV SHARES**

The number of shares of stock is: 4

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

Name and Title: Marcella Yearwood, CEO Name and Title: \_\_\_\_\_

Address 2359 Florence Road Address: \_\_\_\_\_

Mount Dora, Florida 32757

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

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

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

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

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

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

FILED

Address \_\_\_\_\_

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

16 JUN 10 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

Marcella Yearwood

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

2359 Florence Road

Mount Dora, Florida 32757

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Marcella Yearwood

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

2359 Florence Road

Mount Dora, Florida 32757

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1 July 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*

Marcella Yearwood

Required Signature/Registered Agent

7 June 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.*

Marcella Yearwood

Required Signature/Incorporator

7 June 2016

Date