

PI6000070575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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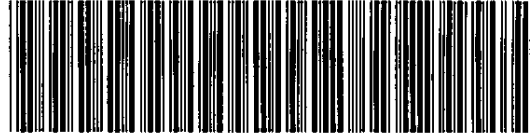
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** ALICE A POSADA, CPA, PA  
**(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** ALICE A POSADA  
Name (Printed or typed)

5602 SE 9TH STREET  
Address

OCALA, FL 34480  
City, State & Zip

(352) 671-7771  
Daytime Telephone number

aliceannposada@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: ALICE A POSADA, CPA, PA

## **ARTICLE II – PRINCIPAL OFFICE**

Street and Mailing Address: 5602 SE 9<sup>th</sup> Street  
Ocala, FL 34480

## **ARTICLE III – PURPOSE**

The purpose of the business is to engage in, and provide to the general public, accounting services and to engage in any other activities or businesses permitted under the laws of the United States and the State of Florida.

## **ARTICLE IV - SHARES**

The corporation will authorize the following number of shares: 100

## **ARTICLE V – INITIAL OFFICERS**

Name and Title: ALICE A POSADA, PRESIDENT  
Address: 5602 SE 9th Street  
City, State, Zip: Ocala, FL 34480

## **ARTICLE VI – REGISTERED AGENT**

Name: ALICE A POSADA  
Address: 5602 SE 9th Street  
City, State, Zip: Ocala, FL 34480

## **ARTICLE VII – INCORPORATOR**

Name: ALICE A POSADA  
Address: 5602 SE 9th Street  
City, State, Zip: Ocala, FL 34480

## **ARTICLE VIII – EFFECTIVE DATE**

Effective date: October 1, 2016

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TALLAHASSEE, FLORIDA

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

Alice A. Posada

Required Signature/Registered Agent

8/16/16

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 by s. 817.155, Florida Statutes.

Alice A. Posada

Required Signature/Incorporator

8/16/16

Date

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