

P17000003741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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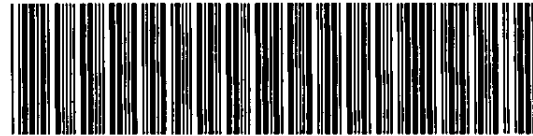
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JAN 12 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH
JAN 13 2017

COVER LETTER

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

SUBJECT: Wedgewood Accounting Partners, Incorporated

(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: Michael Allen Scott

Name (Printed or typed)

243 River Enclave Ct

Address

Bradenton, FL 34212

City, State & Zip

217-836-4653

Daytime Telephone number

mike.a.scott18@outlook.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: Wedgewood Accounting Partners, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

243 River Enclave Ct

Bradenton, FL 34212

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in any lawful act or activity for which corporations may be incorporated under Florida business statutes.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael A. Scott, President

Name and Title: _____

Address 243 River Enclave Ct

Address: _____

Bradenton, FL 34212

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Michael A. Scott

Address: 243 River Enclave Ct

Bradenton, FL 34212

ARTICLE VII INCORPORATOR

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

Name: Michael A. Scott

Address: 243 River Enclave Ct

Bradenton, FL 34212

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TALLAHASSEE, FLORIDA

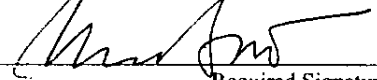
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 9, 2017. (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

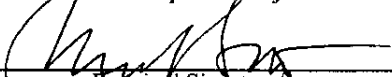


Required Signature/Registered Agent

01/9/2017

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

01/9/2017

Date