

Division of Corporations

**P19000002211**

*2nd Request*

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 07535000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MICHAEL M. WALSH CPA, PA**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

**FILED**  
19 JAN -9 AM 6:05  
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850-617-6381

1/3/2019 10:29:15 AM PAGE 1/001 Fax Server



January 3, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: MICHAEL M. WALSH CPA, PC  
REF: W19000000451

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

If you have any further questions concerning your document, please call (850) 245-6050.

Laura A Wilson  
OPS  
Amendment Section

FAX Aud. #: B19000001083  
Letter Number: 919A00000100

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19 JAN -9 AM 6:05  
TALLAHASSEE, FLORIDA

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: Michael M. Walsh CPA, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1840 Main Street, Suite 204

1840 Main Street, Suite 204

Weston, FL 33326

Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Accounting

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael M. Walsh - Director

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

Address 1840 Main Street, Suite 204

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

Weston, FL 33326

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

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

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

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

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JANUARY 9 2019  
CLERK OF COURT

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 M. Walsh  
Address: 1840 Main Street, Suite 204  
Weston, FL 33326

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael M. Walsh  
Address: 1840 Main Street, Suite 204  
Weston, FL 33326

**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 days prior or 90 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

*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

12/28/2018

Date:

12/28/2018

Date:

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