

P190000041951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

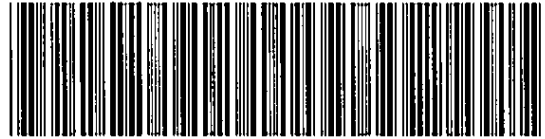
(Business Entity Name)

(Document Number)

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

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19 MAR 20 PM 4: 08  
CLERK OF COURT  
HARRIS COUNTY

M SIMMONS

MAR 20 2019

## COVER LETTER

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

**SUBJECT:** Nelson CPA, 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:** Scott T. Nelson, CPA  
\_\_\_\_\_  
Name (Printed or typed)  
  
3970 Preserve Way  
\_\_\_\_\_  
Address  
  
Estero, FL 33928  
\_\_\_\_\_  
City, State & Zip  
  
239-829-5979  
\_\_\_\_\_  
Daytime Telephone number  
  
scott@nelsonas.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: Nelson CPA, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

3970 Preserve Way

Estero, FL 33928

Mailing address, if different is:

21301 S. Tamiami Trl

Ste 320 PMB 165

Estero, FL 33928

### ARTICLE III PURPOSE

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

### ARTICLE IV SHARES

The number of shares of stock is: 1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott T. Nelson, CPA - President

Name and Title:

Address 3970 Preserve Way

Address:

Estero, FL 33928

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
19 MAR 20 PM 4:08  
CLERK OF DISTRICT COURT  
101 N. W. 10th Ave., Room 1000  
Fort Lauderdale, FL 33301

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: Scott T. Nelson, CPA  
\_\_\_\_\_

Address: 3970 Preserve Way  
\_\_\_\_\_

Estero, FL 33928  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Scott T. Nelson, CPA  
\_\_\_\_\_

Address: 21301 S. Tamiami Trl  
\_\_\_\_\_

Estero, FL 33928  
\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/14/2019 (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

3/14/19  
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

3/14/19  
Date