

2/2/2021

PZ1000008413

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 : (917)243-5843

****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

Accounting Concepts of FL Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

J. FASON

FEB 05 2021

2021 FEB -4 PM 1:07

2021 FEB -4 AM 5:50

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Corporate Filing Menu

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February 4, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBER/EXCELSIOR CORPORATE SERVICES, INC.
REVISED REJECTION LETTER

SUBJECT: ACCOUNTING CONCEPTS, LTD
REF: W21000011271

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

FAX Aud. #: B21000044681
Letter Number: 721A00002429

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: Accounting Concepts of FL Corp

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

207 HERON DRIVE

207 HERON DRIVE

PALM COAST, FL 32137

PALM COAST, FL 32137

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 organized.

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IRENE PIACENTINI, Director

Name and Title:

Address: 207 HERON DRIVE

Address:

PALM COAST, FL 32137

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2021 FEB -4 AM 5:50

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: IRENE PIACENTINI, _____

Address: 207 HERON DRIVE _____

PALM COAST, FL 32137 _____

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: IRENE PIACENTINI, _____

Address: 207 HERON DRIVE _____

PALM COAST, FL 32137 _____

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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 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*x *Irene Piacentini*_____
Required Signature/Registered Agent

2/1/21

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.*x *Irene Piacentini*_____
Required Signature/Incorporator

2/1/21

Date