

P21000084219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

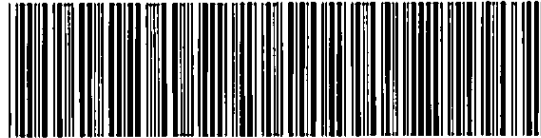
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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2021 SEP 24 PM 3:58

CLERK OF COURT  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from ACCT. 120210000160 Amount: 87.50

Authorized Signature: \_\_\_\_\_

Ameerah S. Adejola, CPA, P.A.  
**Business Name** **Document #, (if known):**

☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait  
☐ Photocopy

☒ Certified Copy of ARTICLES OF INCORP.

☒ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☒ Other  
☐ CORP

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ Conversion

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ APOSTIL ☐ \_\_\_\_\_ Other  
Country

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

SUBJECT: Ameerah S. Adejola, CPA, P.A.  
(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: Ameerah S. Adejola  
Name (Printed or typed)

10141 W Commercial Blvd  
Address

Sunrise, FL 33351  
City, State & Zip

954-720-8300  
Daytime Telephone number

advancedinsightaccounting@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2021

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: AMEERAH S. ADEJOLA, CPA, P.A.  
Ref. Number: W21000128951

We have received your document for AMEERAH S. ADEJOLA, CPA, P.A. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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

Letter Number: 521A00023258

RECEIVED  
2021 SEP 27 PM 3:55  
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: Ameerah S Adejola, CPA, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10141 W Commercial Blvd  
San Jose, FL 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for the purposes of accounting,  
auditing, tax consultation, and any and all lawful  
business purposes for which a professional association  
may be organized under the State of Florida as a  
sole practitioner.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Ameerah S Adejola, CPA President

Address

10141 W Commercial Blvd  
San Jose, FL 33351

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2001 SEP 27 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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:

Ameerah S. Adejola

Address:

10141 W Commercial Blvd  
Sunrise, FL 33351

**ARTICLE VII INCORPORATOR**

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

Name:

Ameerah S. Adejola

Address:

10141 W Commercial Blvd  
Sunrise, FL 33351

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/24/21 (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*

Ameerah S. Adejola  
Required Signature/Registered Agent

9/24/21  
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.*

Ameerah S. Adejola  
Required Signature/Incorporator

9/24/21  
Date

2021 SEP 27 AM 11:03  
RECORDING OF STATE  
TALLAHASSEE, FL

FILED