

P21000089747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

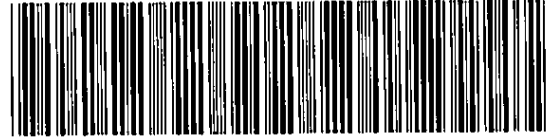
(Business Entity Name)

(Document Number)

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2021 OCT 13 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 OCT 13 PM 12:02

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

6 CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 083738 8048325

AUTHORIZATION :

*Lyndell E. Man*

COST LIMIT : \$ 70.00

-----  
ORDER DATE : October 6, 2021

ORDER TIME : 9:10 AM

ORDER NO. : 083738-001

CUSTOMER NO: 8048325  
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DOMESTIC FILING

NAME: TIERRA VERDE CPA P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 OCT 15 AM 11:57

SECRETARY OF  
TALLAHASSEE, FLORIDA

October 13, 2021

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: TIERRA VERDE CPA P.A.  
Ref. Number: W21000136194

We have received your document for TIERRA VERDE 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 zip code is not consistent. Articles II & V.

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: 421A00024929

## COVER LETTER

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

SUBJECT: TIERRA VERDE 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: Robert Polay  
Name (Printed or typed)

658 Pinta Dr  
Address

Tierra Verde, FL 33715  
City, State & Zip

404 335 1099  
Daytime Telephone number

Robert Polay@C1A/C.com  
E-mail address: (to be used for future annual report notification)

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

FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2021 OCT 13 PM 12:42

**ARTICLE I NAME**

The name of the corporation shall be: TIERRA VERDE CPA P.A.

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

658 Pinta Drive

Saint Petersburg, FL 33715

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Certified Public Accounting Office

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Robert S Polay, President

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

Address 658 Pinta Drive

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

Saint Petersburg, FL 33715

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

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

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

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

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert S Polay  
Address: 658 Pinta Drive  
Saint Petersburg, FL 33715

2021 OCT 13 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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*

Alexis Weitner, assistant vice president  
Required Signature/Registered Agent

10/13/2021

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.*

[Signature]  
Required Signature/Incorporator

Date

10/12/21