

P22000005052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

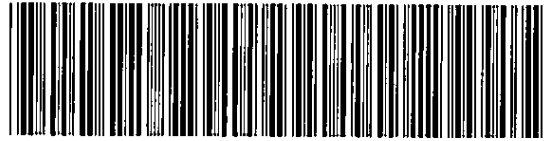
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Special Instructions to Filing Officer:

W22-4692

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SECRETARY OF STATE
TALLAHASSEE, FL

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2022 JAN 13 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2022

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: CHRISTINE GAGNON, CPA, PROFESSIONAL CORPORATION
Ref. Number: W22000004692

We have received your document for CHRISTINE GAGNON, CPA, PROFESSIONAL CORPORATION. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

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

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: 322A00001093

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COVER LETTER

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

SUBJECT: Christine Gagnon, 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: Steven Berger, Esq.
Name (Printed or typed)

c/o Vedder Price, P.C., 1633 Broadway, 31st Floor
Address

New York, NY 10019
City, State & Zip

212-407-7714
Daytime Telephone number

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

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

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

ACCOUNT NO. : I20000000195

REFERENCE : 375764 4304557

AUTHORIZATION : 

COST LIMIT : \$ 70.00

ORDER DATE : January 12, 2022

ORDER TIME : 9:45 AM

ORDER NO. : 375764-005

CUSTOMER NO: 4304557

DOMESTIC FILING

NAME: CHRISTINE GAGNON, CPA, P.C.

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: _____

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

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SECRETARY OF STATE
TAMMISSEE, FL

ARTICLE I NAME

The name of the corporation shall be: Christine Gagnon, CPA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

c/o Eisner Advisory Group, LLC - Compliance Dept.
733 Third Avenue
New York, NY 10017

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Public Accountancy

ARTICLE IV SHARES

The number of shares of stock is: 1,000 common shares, \$0.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christine Gagnon, President

Name and Title: _____

Address 11742 Paradise Cove Lane

Address: _____

Wellington, FL 33449

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: Christine Gagnon
Address: 11742 Paradise Cove Lane
Wellington, FL 33449

ARTICLE VII INCORPORATOR

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

Name: Christine Gagnon
Address: 11742 Paradise Cove Lane
Wellington, FL 33449

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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

DocuSigned by:
Christine Gagnon 01/12/2022
EDF8C122D5604BC... quired Signature/Registered Agent 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.

DocuSigned by:
Christine Gagnon 01/12/2022
EDF8C122D5604BC... ator Date