

P220000030083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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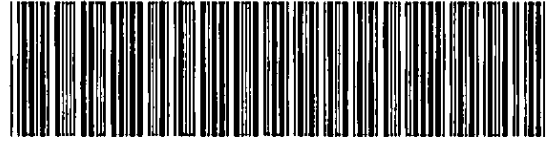
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/04/22--01024--002 **78.75

COVER LETTER

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

SUBJECT: **Honest Accounting Services 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: **Lucie Kline**

Name (Printed or typed)

8461 Lake Worth Road, Suite 469

Address

Lake Worth, FL 33467

City, State & Zip

(561) 351-5402

Daytime Telephone number

luciek@honestaccountingservices.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: Honest Accounting Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8461 Lake Worth Road
Suite 469

Lake Worth FL

Mailing address, if different is:
8461 Lake Worth Road
Suite 469

Lake Worth FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the corporation
is to engage in any lawful activity for which corporations may
be incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lucie Kline Name and Title: _____

Address 8461 Lake Worth Road Address: _____
Suite 469 _____
Lake Worth, FL 33467 _____

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: Northwest Registered Agent LLC
Address: 7901 4th St N STE 300
St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lucie Kline
Address: 8461 Lake Worth Road 469
Lake Worth, FL 33467

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/28/2022 (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

Tom Glover
Required Signature/Registered Agent

03/28/2022
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.

Lucie Kline
Required Signature/Incorporator

03/28/2022
Date