

P22000052692

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 : RASI
Account Number : I20220000023
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
WELDON & COMPANY, CPAs, P.A.**

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

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:

Weldon & Company, CPAs, P.A.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

129 6th Avenue North

129 6th Avenue North

Safety Harbor, FL 34695

Safety Harbor, FL 34695

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CPA firm.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert M. Weldon

Name and Title:

Address 129 6th Avenue North

Address:

Safety Harbor, FL 34695

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Robert M. Weldon
 Address: 129 6th Avenue North
 Safety Harbor, FL 34695

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert M. Weldon
 Address: 129 6th Avenue North
 Safety Harbor, FL 34695

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

Robert M. Weldon 06/23/2022
 Required 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.

Robert M. Weldon 06/23/2022
 Required Signature/Incorporator Date

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