

P23 0000051288

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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EP
7/11/23

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUL 11 PM 7:02

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2023 JUL 11 AM 11:06

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 07/11/2023

****WALK IN****

ENTITY NAME Broadway Bookkeeping Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Broadway Bookkeeping Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16703 Early Riser Ave, Suite #256

Land O Lakes, FL 34638

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized under the corporation laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Heather Allen, President

Name and Title: _____

Address 3932 Wisdom Trail,

Address: _____

Land O Lakes, FL

34638

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: Heather Allen
Address: 3932 Wisdom Trail
Land O Lakes, FL 34638

ARTICLE VII INCORPORATOR

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

Name: Heather Allen
Address: 3932 Wisdom Trail
Land O Lakes, FL 34638

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

s/: Heather Allen

Heather Allen

Required Signature/Registered Agent

6/28/23

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.

s/: Heather Allen

Heather Allen

Required Signature/Incorporator

6/28/23

Date

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