

P24000010695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

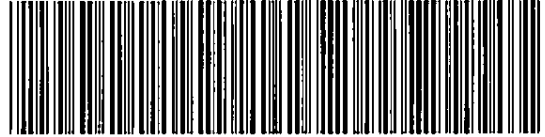
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GEORGE, FL

COVER LETTER

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

SUBJECT: BLAKESBERG & COMPANY CPAs, 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Jon D. BLAKESBERG

Name (Printed or typed)

951 S.W. 4TH AVENUE

Address

BOCA RATON FLORIDA 33432

City, State & Zip

(561) 213-3156

Daytime Telephone number

Jon @ BLAKESBERG CPAs. Com

E-mail address: (to be used for future annual report notification)

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

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**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: BLAKESBERG & COMPANY CPAs, P.A.

**ARTICLE II PRINCIPAL OFFICE**

951 SW 4TH AVENUE  
Principal street address

Mailing address, if different is:

BOCA RATON FL 33432

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ACCOUNTING & TAX SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JOHN D. BLAKESBERG Pres Name and Title: \_\_\_\_\_

Address: 951 S.W. 4TH AVENUE Address: \_\_\_\_\_  
BOCA RATON FL 33432

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

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

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

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

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STATE OF FL  
TAX

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: JON D. BLAKESBERG  
Address: 951 S.W. 4TH AVENUE  
BOCA RATON FL 33432

**ARTICLE VII INCORPORATOR**

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

Name: JON D. BLAKESBERG  
Address: 951 S.W. 4TH AVENUE  
BOCA RATON FL 33432

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/3/2024 (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*

[Signature]  
Required Signature/Registered Agent

1/3/2024  
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

1/3/2024  
Date

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