

P24000045491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

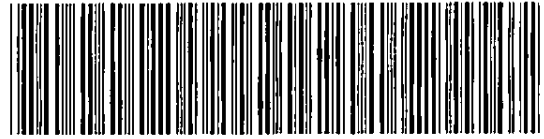
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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TALLAHASSEE, FL
SECRETARY OF STATE

RECEIVED
2024 JUL 11 AM 11:18
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SECRETARY OF STATE

46



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 07/08/24
Order #: 1551213-1
Re: Strategic Accounting Services Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

I20000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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TALLAHASSEE, FL
DIVISION OF STATE

COVER LETTER

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

SUBJECT: STRATEGIC 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

2025 MAR 11 AM 9:47
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

FILED

FROM: PETER L. HUDSON

Name (Printed or typed)

13324 SW ALEJANDRO COURT

Address

PORT SAINT LUCIE, FL 34987-6711

City, State & Zip

772-236-0162

Daytime Telephone number

PETER@ACCOUNTINGVA.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: STRATEGIC ACCOUNTING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13324 SW ALEJANDRO COURT
PORT SAINT LUCIE, FL 34987-6711

Mailing address, if different is:

1860 SW FOUNTAINVIEW BLVD.
SUITE 100

PORT SAINT LUCIE, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE INDIVIDUAL AND BUSINESS SERVICES IN
THE AREAS OF ACCOUNTING AND TAXATION.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER L. HUDSON, PRESIDENT

Name and Title: _____

Address: 13324 SW ALEJANDRO COURT
PORT SAINT LUCIE, FL 34987-6711

Address: _____

Name and Title: APIRADEE HUDSON, SECRETARY

Name and Title: _____

Address: 13324 SW ALEJANDRO COURT
PORT SAINT LUCIE, FL 34987-6711

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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2024 JUL 11 AM 9:47
CLERK OF DISTRICT COURT
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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: PETER L. HUDSON

Address: 13324 SW ALEJANDRO COURT

PORT SAINT LUCIE, FL 34987-6711

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DEPARTMENT OF STATE

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.

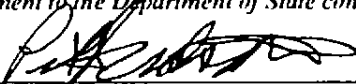
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.



Required Signature/Incorporator

JULY 8, 2024

Date