

P24000075272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

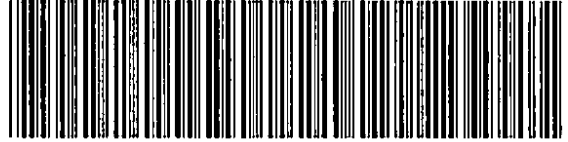
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Fix-It Accounting Franchising, 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: Nancy Benet
Name (Printed or typed)

121 W. Plymouth Ave., Ste B
Address

DeLand, FL 32720
City, State & Zip

386-320-5347
Daytime Telephone number

nancy@fixitaccounting.com
E-mail address: (to be used for future annual report notification)

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

2024 DEC 10 PM 2:10
FILED
TALLAHASSEE, FL
STATE

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: Fix-It Accounting Franchising, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

121 W. Plymouth Ave., Suite B
DeLand, FL 32720

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy Benet, PTSD Name and Title:

Address 121 W. Plymouth Ave. Address:
Suite B
DeLand, FL 32720

Name and Title: Jeffrey S. Jacobs, Director Name and Title:

Address 121 W. Plymouth Ave. Address:
Suite B
DeLand, FL 32720

Name and Title: Name and Title:

Address Address:

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2024 DEC 10 PM 2:10
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: Nancy Benet
Address: 121 W. Plymouth Ave., Ste B
DeLand, FL 32720

ARTICLE VII INCORPORATOR

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

Name: Nancy Benet
Address: 121 W. Plymouth Ave., Ste B
DeLand, FL 32720

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2024 DEC 10 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FL

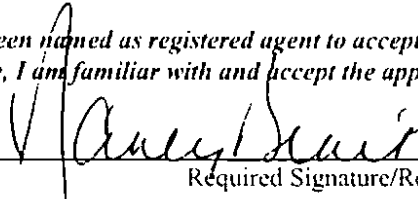
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2025 (OPTIONAL)

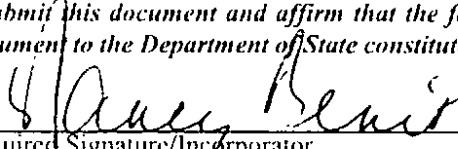
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 12/02/2024
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.

 12/02/2024
Required Signature/Incorporator Date

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: Fix-It Accounting Franchising, Inc.

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DeLand, FL 32720

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Suite B
DeLand, FL 32720

Name and Title: Jeffrey S. Jacobs, Director Name and Title: _____

Address 121 W. Plymouth Ave. Address: _____
Suite B
DeLand, FL 32720

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2024 DEC 10 PM 2:10
SEAL OF THE STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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Name: Nancy Benet
Address: 121 W. Plymouth Ave., Ste B
DeLand, FL 32720

ARTICLE VII INCORPORATOR

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

Name: Nancy Benet
Address: 121 W. Plymouth Ave., Ste B
DeLand, FL 32720

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TALLAHASSEE, FL


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2025 (OPTIONAL)

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Required Signature/Registered Agent

12/02/2024
Date

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Required Signature/Incorporator

12/02/2024
Date



121 W. Plymouth Ave., Suite B,
DeLand, FL 32720
P: 386.320.5347
F: 407.567.7878
www.FixItAccounting.com

December 2, 2024

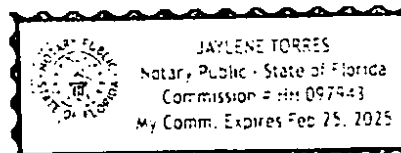
Division of Corporations
New Filing Section
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I dissolved Fix-It Accounting Franchising, Inc., Document # P24000001729, on December 2, 2024. I have no intent to reinstate it and am releasing the use of its name.

Sincerely,

Nancy Benet, CEO



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2024 DEC 10 PM 2:10
Sec. of STATE
TALLAHASSEE, FL