

P95000058198

TRANSMITTAL LETTER

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

400001542074
-07/20/95--01029--007
*****70.00 *****70.00

SUBJECT: Complete Accounting Services, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

PAT Nowicki
Name (printed or typed)

3438 Orchard Walk Place
Address

JACKSONVILLE, FL 32257
City, State & Zip

904-268-0167
Daytime Telephone number

*Conflict
K83209*

*789⁰²
611, 615, 671
W95-14719*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 JUL 27 PM 3:42

FILED

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



FLORIDA DEPARTMENT OF STATE

July 20, 1995

Sandra B. Mortham
Secretary of State

PAT NOWICKI
3438 ORCHARD WALK PLACE
JACKSONVILLE, FL 32257

SUBJECT: COMPLETE ACCOUNTING SERVICES, INC.
Ref. Number: W95000014719

We have received your document for COMPLETE ACCOUNTING SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

The registered agent must sign accepting the designation.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 395A00034831

ARTICLES OF INCORPORATION

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95 JUL 27 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

COMPLETE ACCOUNTING SERVICES OF JACKSONVILLE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3438 ORCHARD WALK PLACE
JACKSONVILLE, FL 32257

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1 (one)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAT NOWICKI
3438 ORCHARD WALK PLACE
JACKSONVILLE, FL 32257

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation

Pat Nowicki

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PAT NOWICKI
3438 ORCHARD WALK PLACE
JACKSONVILLE, FL 32257

FILED
95 JUL 27 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17th day of July, 19 95.

Pat Nowicki

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.