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TRANSMITTAL LETTER

96 JUL 2 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:

Accountable Solutions, Inc.

(Proposed corporate name - must include suffix)

400001807814
-07/30/96--01092--001
****122.50 ****122.50

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

Fee:

☐ \$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:

KATHY L. ALLISON

Name (printed or typed)

5265 E. BAY DRIVE, UNIT #221

Address

CLEARWATER, FL 34624

City, State & Zip

(813) 397-6768

Daytime Telephone number

PH 7/31/96

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

ARTICLES OF INCORPORATION

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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:

Accountable Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*5265 East Bay Drive, Unit #221
Clearwater, Florida 34624*

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Kathy L. ALLISON
5265 East Bay Drive, Unit #221
Clearwater, FL 34624*

ARTICLE V INCORPORATOR(S)

See Instructions for officer, directors

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

Kathy L. Allison
5209 East Bay Drive, Unit #221
Cleander, FL 34624

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

17th day of July, 19 96.

(An additional article must be added if an effective date is requested.)

Kathy L. Allison
Signature

Signature

Signature

Notarization is not required

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

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Accountable Solutions, Inc.
2. The name and address of the registered agent and office is:

Kathy L. Allison
(NAME)

5265 East Bay Drive Unit #231
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Ciracosta, FL 34624
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

Kathy L. Allison
(SIGNATURE)

7/17/96
(DATE)