

P96000091035

TRANSMITTAL LETTER

96 NOV -6 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Aaron Computerized Bookkeeping Services, Inc.
(Proposed corporate name - must include suffix)

400001978484--8
-10/17/96--01040--001
*****78.75 *****78.75

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: Carole Silverman
Name (Printed or typed)
1919 N. E. 45th Street (#215)
Address
Fort Lauderdale, FL 33308
City, State & Zip
(954) 776-0154
Daytime Telephone number

W960 2/21/96
PA 11/6/96

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 17, 1996

CAROLE SILVERMAN
2900 PALM-AIRE DRIVE NORTH, APT 209
POMPANO BEACH, FL

SUBJECT: AARON COMPUTERIZED BOOKKEEPING SERVICES, INC.
Ref. Number: W96000022134

We have received your document for AARON COMPUTERIZED BOOKKEEPING SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

(It's there already)

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) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 796A00047726

Also Enclosed is an application for Fictitious Name & SO.

cause
(954) 776-0154

ARTICLES OF INCORPORATION

FILED

96 NOV -6 AM 11:44

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Aaron Computerized Bookkeeping Services, Co.

ARTICLE II PRINCIPAL OFFICE

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

1919 N. E. 45th Street, Fort Lauderdale, Florida,
(mailing address is the same.)

ARTICLE III SHARES

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

500 shares of Common Stock with a par value of \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carole Silverman
1919 N.E. 45th Street
Ft. Lauderdale, Fl

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):

Incorporator: Carole Silverman, 2900 Palm-Aire Drive North Apt.209,
Pompano Beach, Florida

The name and address of the initial officer/director: same as above

The purpose for which the corporation is organized is to do business
as a bookkeeping and tax preparation service and any other lawful business
in the State of Florida, County of Broward.

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

15 day of October, 19 96.

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

Carole Silverman

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**

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: Aaron Computerized Bookkeeping Services, Inc.

2. The name and address of the registered agent and office is:

Carole Silverman
(NAME)

1919 N.E. 45th Street

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Fort Lauderdale, FL 33308
(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.

Carole Silverman
(SIGNATURE)

Oct. 15, 1996
(DATE)

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

Carole Silverman

Oct. 30, 1996

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA