# P97000030183 TRANSMITTAL LETTER

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

SUBJECT: GONCALVES ACCOUNTING & TAX, INC

(Propose	ed corporate name - must include s	suffix)
for:  \$70.00  Filing Fee  Filing Fee	\$78.75   Siling Fee errificate     Additional Co	of incorporation and a check  \$131.25 Filing Fee, Certified Copy & Certificate py Required
FROM:	NAIR GONCALVES  Name (printed or typed)	
- cave	224 6TH AVENUE NORTH Address	APT 9 23
GOOGNED GAVE	ST PETERSBURG, FLORI  City, State & Zip	DA 33701
AUTHORIZATION BY PHONE TO CORRECT CO.D. Dans	(813) 821-8454 Daytime Telephone number	

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

- C/1/3/97

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# ARTICLES OF INCORPORATION

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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:

GONCALVES ACCOUNTING & TAX, INC

### ARTICLE II PRINCIPAL OFFICE

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

GONCALVES ACCOUNTING & TAX, INC

333 FIRST STREET NE - SUITE C

ST PETERSBURG, FLORIDA 33701

#### ARTICLE III SHARES

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

FIVE THOUSAND (5,000) SHARES OF COMMON STOCK, EACH SHARE HAVING THE PAR VALUE OF ONE DOLLAR (\$1.00).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NAIR GONCALVES

224 6TH AVENUE NORTH, APT #9

ST PETERSBURG, FLORIDA 33701

# 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):

PRESIDENT:

NAIR GONCALVES

224 6TH AVENUE NORTH, APT # 9

ST PETERSBURG, FL 33701

SECRETARY:

SAME AS ABOVE

TREASURE:

SAME AS ABOVE

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

Signature

# 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:	GONCALVES ACCOUNTING & TAX,	INC
2. The name	e and address of the reg	stered agent and office is:	
	NAIR GONCA	JVES (NAME)	- <u>9</u>
		ENUE NORTH APT . #9 Box or Mail Drop Box NOT ACCEPTABLE)	
	ST PETERSB	URG, FLORIDA 33701 (CITY/STATE/ZIP)	- S

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.

Signature) 3/31/97 (Date)