TRANSMITTAL LETTER

P9800050415

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

SUBJECT:	Accounts By De S	orporate name - must include	e suffix)	
		9	100002546 -06/03/98 ****131.25	8149——3 01067011 ****131.25
Enclosed is an original a	and one(1) copy of the articl	es 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 CO	PY REQUIRED	
FROM: Desolina C. Williamson Name (Printed or typed)				
-	1224 Alben ST	QEET Address		SECR JIVISIO
	FORT Myces, FL.	33916 State & Zin	· · ·	SECRETARY SION OF C

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

(941) 332-5368

Daytime Telephone number



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Accounts By De Sign, INC.

ARTICLE II PRINCIPAL OFFICE

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

1224 Alben St. Ft. Myers, FL 33916

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 Florida street address of the initial registered agent are:

Michael A. Deisch 1224 Allen St.

1224 Allen St. Ft. Myers, Fl. 33916

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Desolina C. Williamson

Depolina C. Killiamorn

1224 Allen St.

Fr. Myces, FL. 33916

Nay 29, 1998

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

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 fall statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of the projection as registered agent

Signature/Registered Agent

Date