1988990086599

(Proposed corporate name - must include suffix)

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

SUBJECT:

John A. Williams, CPA

100002658051---3 -10/07/98--01085--006 ******78.75 ******78.75

Enclosed is an original	and one(1) copy of the artic	les of incorporation and a	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	0
FROM: _	John A. Williams Name (Printed or typed)		SECRETIVISION C	
	4184 MacCaughey Drive		ARYEI F COM	
	Address			OF STATE OF STATE OR STATE OF STATE
-	North Port, FL 34287		(ATE ATENS
	City, State & Zip			S
_	941-4232478	493-4246		
	Daytime Telephone number			

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

10-9 10-3

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:

John A. Williams, CPA



ARTICLE II PRINCIPAL OFFICE

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

4184 MacCaughey Drive North Port, FL 34287

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JOHN A. WILLIAMS

4184 MACCAUGHEY DR.

N. PORT, FL. 34287

ARTICLE V INCORPORATOR

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

JOHN A. WILLIAMS

4184 MACCAUGHEY DR.

N. PORT, FL. 34287

ARTICLEIVI SPECIFIC PURPOSE

PUBLIC ACCOUNTING, CONSULTING SERVICES TO THE PUBLIC

Signature/Incorporator

Doto

(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 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/Registered Agent

Data