

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

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SUBJECT:

Accounting & Business Services, Inc.

(Proposed corporate name - must include suffix)

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

☐ \$70.00 Filing Fee

FROM:

\$78.75

Filing Fee & Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

16600 SW 153 Place

Address

Miami, FL 33187

305-593-5312

Christine Boldt

Daytime Telephone number

City, State & Zip

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

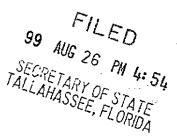
ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

Accounting & Business Services, Inc.



PRINCIPAL OFFICE ARTICLE II

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

9460 NW 12th Street Suite 201 Miami, FL 33172

ARTICLE III SHARES

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

1,000,000 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Christine Boldt 16600 SW 153 Place

Miami, FINCORPORATOR

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

Christine Boldt 16600 SW 153 Place Miami, FL 33187

Signature/Incorporator

(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