

**P13000010968**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727)322-0909  
Fax Number : (727)322-0520

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DAVIDCPA@TAMPABAY.PE.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
C 3 Bookkeeping & Office Services, Corp

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
13 FEB - 1 PM 5:25  
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13 FEB - 1 PM 1:29  
TALLAHASSEE, FLORIDA

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Feb. 1. 2013 1:39PM

No. 6272 - P. 2

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**  
The name of the corporation shall be: C 3 Bookkeeping & Office Services, Corp

TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

5830 20th Ave S  
Gulfport, Fl 33707

same

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: To operate a bookkeeping and business services business and any other legal business in the State of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000 shares of common stock

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Carmen Cardona Pres Name and Title: \_\_\_\_\_  
Address: 5830 20th Ave S Address: \_\_\_\_\_  
Gulfport, Fl 33707 Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: David C Hastings, CPA

Address: 2207 54th St S  
Gulfport, Fl 33707

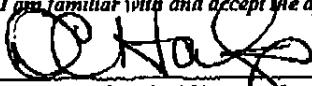
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

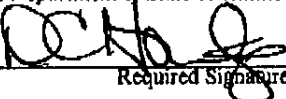
Name: David C Hastings

Address: 2207 54th St S  
Gulfport, Fl 33707

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

 02/01/2013  
Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 02/01/2013  
Required Signature/Incorporator Date

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