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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

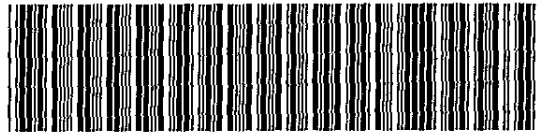
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: The Tax Master of Winter Park.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: \_\_\_\_\_

THE TAX MASTER OF CENTRAL FLORIDA INC.  
8127 VALENCIA COLLEGE LN.  
ORLANDO, FL 32825

(407) 482-4041

Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

ARTICLE I            NAME

The name of the corporation shall be:

**THE TAX MASTER OF WINTER PARK, INC**

ARTICLE II            PRINCIPAL OFFICE

The principal place of business/mailing address is:

**1555 SEMORAN BLVD. SUTIE 1061  
WINTER PARK, FL 32792**

ARTICLE III            PURPOSE

The purpose for which the corporation is organized is:

**ACCOUNTING AND TAX SERVICE**

ARTICLE IV            SHARES

The number of shares of stock is:

**1,000 shares at \$1.00 per share**

ARTICLE V            INITIAL OFFICERS/DIRECTOR (OPTIONAL)

The name (s), address (s) and title (s):

**ADRIAN COLLAZO (PRESIDENT)  
7693 CERES DR.  
ORLANDO, FL 32822**

ARTICLE VI            REGISTERED AGENT

The name and Florida street address of the registered agent is:

**ADRIAN COLLAZO (REGISTERED AGENT)  
7693 CERES DR.  
ORLANDO, FL 32822**


ARTICLE VII            INCORPORATOR

The name and address of the Incorporator is:

**ADRIAN COLLAZO (INCORPORATOR)  
7693 CERES DR.  
ORLANDO, FL 32822**

\*\*\*\*\*

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.

  
\_\_\_\_\_  
Signature/Registered Agent

8/1/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8/1/03  
\_\_\_\_\_  
Date