

P12000621508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

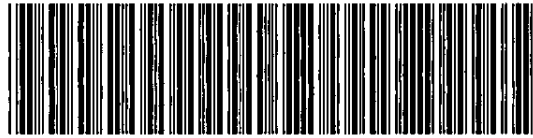
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400222967314

03/05/12--01002--010 **35.00

02/27/12--01047--025 **35.00

FILED
2012 MAR -2 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 05 2012
W12-11465
805
2508
619



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2012

TAX MASTERZ EXPRESS INCORPORATION
19630 NW 7TH AVE
MIAMI, FL 33169

SUBJECT: TAX MASTERZ EXPRESS INCORPORATION
Ref. Number: W12000011465

We have received your document for TAX MASTERZ EXPRESS INCORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 112A00008074

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: Tax Masterz Express Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 19630 N.W. 7th Ave, Miami, FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide tax preparation services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shantrice Grant, Address: 19630 N.W. 7th Ave, Miami, FL 33169

Name and Title: _____, Address: _____

Name and Title: _____, Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Shantrice Grant, Address: 19630 N.W. 7th Ave, Miami, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shantrice Grant, Address: 19630 N.W. 7th Ave, Miami, FL 33169

FILED, SECRETARY OF STATE, TALLAHASSEE, FLORIDA, 2012 MAR -2 PM 12:38

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: Shantrice Grant, Date: 2/28/12

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.

Signature: Shantrice Grant, Date: 2/28/12