

P13000080571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

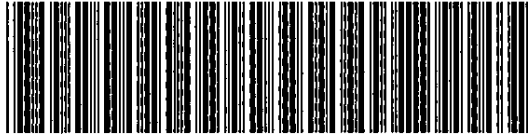
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
10/1/13

COVER LETTER

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

SUBJECT: MILLENIUM TAX PROFESSIONALS, INC
(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: MILLENIUM TAX PROFESSIONALS INC
Name (Printed or typed)

P.O. BOX 2808

Address

BELLE GLADE FL. 33430

City, State & Zip

561-449-9708

Daytime Telephone number

PICKETT FRED@AOL.COM

E-mail address: (to be used for future annual report notification)

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

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: MILLENIUM TAX PROFESSIONALS, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
609 EL PRADO DR APT#3
BELLE GLADE FL.33430

Mailing address, if different is:
P.O. BOX 2808
BELLE GLADE FL. 33430

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO PROVIDE ACCURATE AND PROFESSIONAL TAX REPRESENTATION TO THE CITIZENS OF WESTERN PALM BEACH COUNTY.

ARTICLE IV SHARES 3
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRED PICKETT (PRESIDENT) Name and Title: _____
Address: P.O. BOX 2808 Address: _____
BELLE GLADE FL.33430

Name and Title: BRANDHI SHAW (VP) Name and Title: _____
Address: 1106 VIRGINIA LANE Address: _____
CLEWISTON FL.33440

Name and Title: JALISA STEELE (SEC) Name and Title: _____
Address: 609 EL PRADO DR Address: _____
BELLE GLADE, FL.33430

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TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: FRED PICKETT

Address: 609 SW 13TH STREET
BELLE GLADE FL. 33430

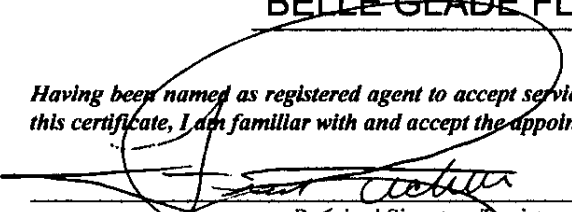
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: FRED PICKETT

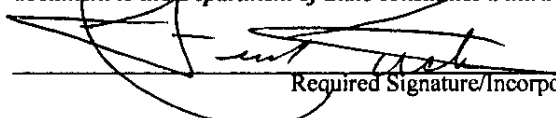
Address: 609 SW 13TH STREET
BELLE GLADE FL. 33430

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

 Required Signature/Registered Agent

9/25/13 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.

 Required Signature/Incorporator

9/25/13 Date