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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: 5 STAR TAX & MULTI SERVICES, 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: JANET JACQUES
Name (Printed or typed)

4425 MAPLE CHASE TRL
Address

KISSIMMEE FL, 34758
City, State & Zip

407-705- 9112
Daytime Telephone number

JANET_JANVIER@LIVE.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 5 STAR TAX & MULTI SERVICES, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
4425 MAPLE CHASE TRL. _____
KISSIMMEE FL, 34758 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO PREPARE TAX FOR CUSTOMER
AND OTHER RELATED SERVICES.

ARTICLE IV SHARES 50
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JANET JACQUES Name and Title: _____
Address 4425 MAPLE CHASE TRL. Address: _____
 KISSIMMEE FL, 34758 _____
 PRESIDENT _____

Name and Title: RENEL JACQUES Name and Title: _____
Address 4425 MAPLE CHASE TRL. Address: _____
 KISSIMMEE FL, 34758 _____
 VP _____

Name and Title: MICHAELLE DESRUISSEAU Name and Title: _____
Address 605 NOTRE DAME WAY Address: _____
 KISSIMMEE FL, 34759 _____
 TREASURER _____

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