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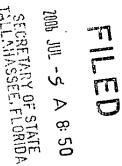
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PICK-UP WAIT MAIL
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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Advanced Tax Services, Inc.  (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
James P. Knox, Jr.
(Name of Person)
Advanced Tax Services, Inc.
(Firm/Company)
409 Pond Street, Suite 13
(Address)
Braintree, MA 02184
(City/State and Zip code)
For further information concerning this matter, please call:
Diane O'Rourke at (781 ) 356-4363 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing Fee X \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Advanced Tax Services, Inc.				
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"				
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
	Multi-State Tax Services, Inc.				
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transact	ing business i	in Florida)		
2.	2. Massachusetts 3. 20-2142104 (State or country under the law of which it is incorporated) (FEI number, if ap				
	(State or country under the law of which it is incorporated) (FEI number, if ap	plicable)			
4.	1/5/2005 5. Perpetual				
	4. 1/5/2005 5. Perpetual (Duration: Year corp. will cease	to exist or "pe	erpetual")		
6.	5. N/A				
	(Date first transacted business in Florida, if prior to registration)				
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liab	ility)			
7.	4500 Executive Drive, Suite 220, Naples, FL 34	119			
(Principal office address)					
	409 Pond Street, Suite 13, Braintree, MA 02184				
(Current mailing address)					
	. **	- PS - S	າຄຸດ		
_	May Between Dramawation and Angillary Corvigos	SECRET	CONCE PAGE		
8.	Tax Return Preparation and Ancillary Services  (Purpose(s) of corporation authorized in home state or country to be carried out in state of F	30 - E	B. SCHOOL		
	(Fulpose(s) of corporation authorized in nome state of country to be carried out in state of 1	TOLIGADA SENTE			
9.	P. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	EFO.			
			> —		
	Name:Edward J. Kelly, Esq	ORA O			
Λ	Office Address: 4500 Executive Drive, Suite 220	RY OF STATE SSEE, FLORIDA	л -		
U	Office Address: 4500 Executive Drive, Suite 220	سكسك	•		
	Naples , Florida 34119				
	(City) (Zip code)				

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	•
Chairman:	James P. Knox, Jr.
Address:	4500 Executive Drive, Suite 220
	Naples, FL 34119
Vice Chairman:	
Address:	
	75 70 75 70
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	Fo .
Address:	CRIP CRIP
D. OFFICEDS	5 5 7 N
B. OFFICERS	
President:	James P. Knox, Jr.
Address:	4500 Executive Drive, Suite 220
	Naples, FL 34119
Vice President:	
Secretary:	James P. Knox, Jr.
Address:	4500 Executive Drive, Suite 220, Naples, FL 34119
Treasurer:	James P. Knox, Jr.
Address:	4500 Executive Drive, Suite 220, Naples, FL 34119
( )	y, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application)
14	V
14.	James P. Knox, Jr., President  (Typed or printed name and capacity of person signing application)



## The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

June 5, 2006

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

#### ADVANCED TAX SERVICES, INC.

is a domestic corporation organized on **January 5**, 2005, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

FILED

2006 JUL -5 A 8: 51

SECRETARY OF STATE



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

Villiam Travino Galicin

on the date first above written.

Secretary of the Commonwealth