

P15000101641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

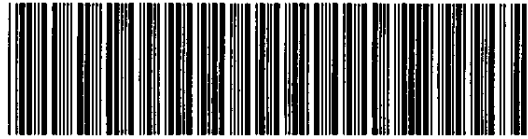
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2015

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COVER LETTER

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

SUBJECT: Tax Employee Screening 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: Imran Sean
Name (Printed or typed)

6206 Arlington Rd Unit #1
Address

Jacksonville, Florida 32211
City, State & Zip

202.644.1938
Daytime Telephone number

santana.carli@yahoo.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: Tax Employee Screening Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6206 Arlington Rd Unit #1
Jacksonville, Florida 32211

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a fingerprinting + business office.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Imran Sean Name and Title: President
Address: 5150 Broadway Ave Address: ← same
Jacksonville, FL 32254

Name and Title: Carlisa Santana Name and Title: Secretary
Address: 5150 Broadway Ave Address: ← same
Jacksonville, FL 32254

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

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TALLAHASSEE, FLORIDA

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

ARTICLE VI REGISTERED AGENT

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

Name: Carlisa Santana
Address: 5150 Broadway Ave
Jacksonville, FL 32254

ARTICLE VII INCORPORATOR

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

Name: Imran Sean
Address: 5150 Broadway Ave
Jacksonville, FL 32254

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL) ^{date of filing}
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Carlisa Santana 12.15.15
Required Signature/Registered Agent 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.

[Signature] 12.15.15
Required Signature/Incorporator Date