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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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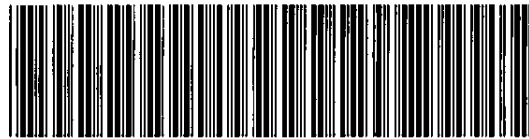
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 14 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: National Tax Centers of America 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," or "Certificate of Good Standing" 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:

Barnell Jones

Name of Person

National Tax Centers of America Inc

Firm/Company

15350 Amberly Drive Unit 2611

Address

Tampa FL 33647

City/State and Zip code

bjones@mynationaltaxcenters.com

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

For further information concerning this matter, please call:

Barnell Jones

Name of Person

at (813) 345-4101

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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. National Tax Centers of America, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- National Tax Centers of Tampa
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Mississippi 3. 64-0680570
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4-27-1984 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 15350 Amberly Drive Unit 2611 Tampa, FL 33647
(Principal office address)
- 15350 Amberly Drive Unit 2611 Tampa, FL 33647
(Current mailing address)
8. Accounting, Auditing, Tax and Consulting Firm
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Barnell Jones
- Office Address: 15350 Amberly Drive Unit 2611
- Tampa, Florida 33647
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Pinky L. Jones

Address: PO Box 4249 Laurel, MS 39441

Vice President: Tory Allen

Address: PO Box 807 Ridgeland, MS 39157

PO Box 807 Ridgeland, MS 39157

Secretary: Daphne Jones

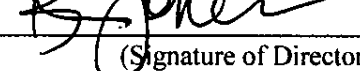
Address: 221 Hoy Road Laurel, MS 39441

Treasurer: Barnell Jones

Address: 15350 Amberly Drive Unit 2611 Tampa, FL 33647

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TALLAHASSEE, FLORIDA

NOTE: If necessary, 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. Barnell Jones, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

State of Mississippi
Office of the Secretary of State
C. Delbert Hosemann, Jr., Secretary of State
Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMAN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on April 27, 1984, the State of Mississippi issued a Charter/Certificate of Authority to:

NATIONAL TAX CENTERS OF AMERICA, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
September 8, 2010

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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