

F17000003623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

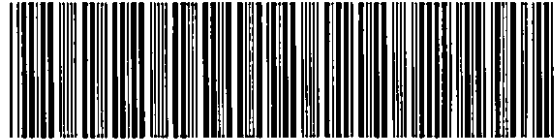
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07/11/17--01004--010 **78.75

DEPARTMENT OF STATE
FALL ARREST (07/01/17)

2017 AUG - 7 PM 12:55

FILE

AUG 11 2017
J. HARRIS

Handwritten signature/initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Taxvision Staffing 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:

Shai Ben-Yehoshua

Name of Person

Taxvision Staffing Inc

Firm/Company

5755 North Point Parkway, Suite 66

Address

Alpharetta, GA 30022

City/State and Zip code

Shaib@taxvisionusa.com

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

For further information concerning this matter, please call:

Shai Ben-Yehoshua

Name of Person

at (770)

Area Code

455
6566

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2017

SHAI BEN-YEHOSHUA
5755 NORTH POINT PARKWAY, SUITE 66
ALPHARETTA, GA 30022

SUBJECT: TAXVISION STAFFING INC
Ref. Number: W17000058124

FILED
2017 AUG - 7 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TAXVISION STAFFING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 617A00014224

RECEIVED
2017 AUG - 7 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Taxvision Staffing Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 20-8093865
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/24/2006 5. Perpetual
(Date of incorporation) (Date of duration, if other than 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. 171 Rotonda Blvd N, Rotonda West, FL 33947
(Principal office address)

5755 North Point Parkway, Suite 66, Alpharetta, GA 30022
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Deborah Coday

Office Address: 171 Rotonda Blvd N

Rotonda West, FL 33947 , Florida 33947
(City) (Zip code)

9. 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.

Deborah Coday
(Registered agent's signature)

10. 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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2007 AUG - 7 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Shai Ben-Yehoshua

Address: 5755 North Point Parkway, Suite 66

Alpharetta, GA 30022

Vice President: _____

Address: _____

Secretary: Yun Lin

Address: 5755 North Point Parkway, Suite 66, Alpharetta, GA 30022

Treasurer: Shai Ben-Yehoshua

Address: 5755 North Point Parkway, Suite 66, Alpharetta, GA 30022

FILED
2017 AUG -7 PM 12:55
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Shai Ben-Yehoshua, President

(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TAXVISION STAFFING INC

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 14740936
Date Inc/Auth/Filed	: 12/24/2006
Jurisdiction	: Georgia
Print Date	: 07/03/2017
Form Number	: 211



Brian P. Kemp
Secretary of State