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Office Use Only



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COVER LETTER

TO:	Division of Corporations							
SUBJ	ECT:	Small Busines	ss Tax Pros. In	c.				
~ 0 170			Name	of corporation	- must i	nclude suffix		
Dear S	Sir or M	adam:						
"Certif	ficate o	f Existence,"	or "Certifica	Corporation for te of Good Star transact busine	iding'' ar	id check are su	act Business in Florida," bmitted to register the	
Please	return	all correspond	lence concer	ning this matte	r to the fo	ollowing:		
Nathan	C Henc	lerson						
		-		Name of	Person			
Small E	Business	Tax Pros. Inc.						
				Firm/Com	pany			
1213 C	ulbreth	Drive						
				Addre	ess			
Wilming	gton, NC	28405						
				City/State a	nd Zip co	ode		
Nate@	HendCo	NC.com_				 -		
			i-mail addres	ss: (to be used t	for future	annual report	notification)	
For fur	ther inf	ormation con	cerning this i	matter, please o	call:			
Nathan Henderson			at (⁹¹⁹) 973-9	973-9229			
	Name	e of Person		Area Cod	e	Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:						MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ed is a c		\$78.75 Filir Certificate		\$78.75 Certifie	Filing Fee & d Copy	S87.50 Filing Fee, 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.

Small Business	Small Business Tax Pros, Inc.								
(Enter name of "Inc.," "Co.," "	(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp,")								
(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)							
2. North Carolina	3	3, 82-2712312							
	try under the law of which it is incorporated)	(FEI number, if applicable)							
4. August 18, 201	7								
(Da	te of incorporation)	(Date of duration, if other than perpetual)							
6.									
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502. F.S., to determine penalty liability)							
7.830 North John	Young Parkway , Kissimmee, FL 34741								
	(Princi	ipal office address)							
	(7)	<u></u>							
	(Current main	ing address, if different)							
8. Name and stre	eet address of Florida registered agent: (P.								
Name:	Nathan C Henderson	A IT							
Office Address:	830 North John Young Parkway	PH 2:49							
	Kissimmee	, Florida ³⁴⁷⁴¹							
	(City)	(Zip code)							
Having been nar designated in thi further agree to	s application, I hereby accept the appoint	rice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my of my position as registered agent.							

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A: DIRECTORS Chairman: Nathan C Henderson Address: 1213 Culbreath Avenue Vice Chairman: Address: Address: ___ Director: _ Address: **B. OFFICERS** President: Nathan C Henderson Address: 1213 Culbreth Drive, Wilmington, NC 28405 Address: __ Secretary: Address: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Hendi-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. Nathan C Henderson, President



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

SMALL BUSINESS TAX PROS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of August, 2017, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of January, 2018.

Elaine I Marshall

Secretary of State