

F210000G5745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

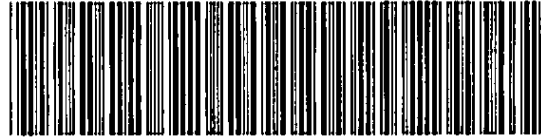
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Certificates of Status ☒

Special Instructions to Filing Officer:

W21-127703

Office Use Only



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09/20/21--01028--023 \*\*78.75

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2021 OCT -6 PM 4:59  
OFFICE OF THE STATE  
CLERK, TALLAHASSEE, FL

SP



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2021

STEPHEN R KELLER  
2925 SW 39TH ST  
CAPE CORAL, FL 33914

SUBJECT: SMART TAX COMPANY  
Ref. Number: W21000127703

We have received your document for SMART TAX COMPANY and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The alternate name that you have chosen is not available. Please select a new name.

The document is not illegible for processing and you didn't send the complete application. Please type in the information.,

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S.T.C., 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:

STEPHEN R KELLER

Name of Person

S.T.C., INC.

Firm/Company

2925 SW 39TH ST

Address

CAPE CORAL FL 33914

City/State and Zip code

STEVE KELLER @ SMARTTAXUSA.COM

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

For further information concerning this matter, please call:

STEPHEN KELLER at (214) 500-7056  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

*Paid  
with first  
filed.*

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. S.T.C., INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ZEVEN REALTY INVESTMENTS INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TEXAS 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6-11-1999 5. \_\_\_\_\_  
(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. 2925 SW 39TH ST CAPE CORAL FL 33914  
(Principal office street address)

PO BOX 150568 CAPE CORAL FL 33915  
(Current mailing address, if different)

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

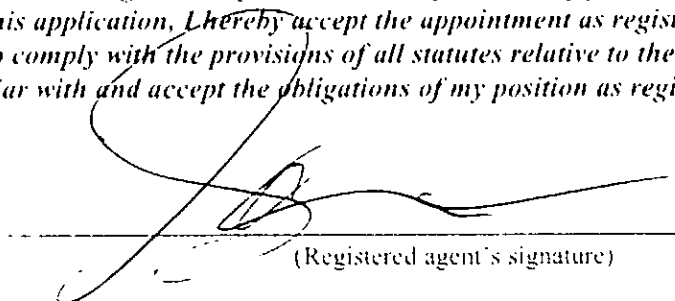
Name: STEPHEN KELLER

Office Address: 2925 SW 39TH ST

CAPE CORAL, Florida 33914  
(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.*

  
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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TALLAHASSEE, FL

# A. DIRECTORS

☒ Chairman Name: STEPHEN KELLER ☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: 2925 SW 39TH ST ☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director CAPE CORAL FL 33914 ☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_ ☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_ ☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_ ☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_ ☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_ ☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_ ☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_ ☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_ ☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. STEPHEN KELLER CHAIRMAN / DIRECTOR  
 (Typed or printed name and capacity of person signing application)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jose A. Esparza  
Deputy Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for S. T. C., INC. (file number 153782100), a Domestic For-Profit Corporation, was filed in this office on June 07, 1999.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate STEPHEN R KELLER as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

3840 FRANKFORD RD #8310

DALLAS, TX - 75287 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 14, 2021.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a surname.

Jose A. Esparza  
Deputy Secretary of State

*Come visit us on the internet at <https://www.sos.texas.gov/>*

Phone: (512) 463-5555  
Prepared by: SOS-WEB

Fax: (512) 463-5709  
TID: 10268

Dial: 7-1-1 for Relay Services  
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