

L23000010891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

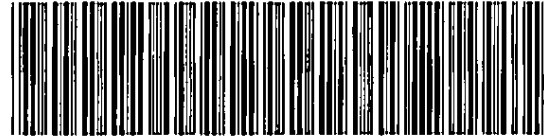
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/05/22 11:01:39 --025 \*\*150.00

22 DEC -5 AM 11:07  
SECRETARY OF STATE  
FALL AHA SPT 11/2022

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2022

IAN EPPS/ DAVID WILLAIMS  
5212 HARBORSIDE DRIVE  
TAMPA, FL 33615

SUBJECT: ELITE TAX & ACCOUNTING LLC  
Ref. Number: W22000154015

12/15/22 11:15

We have received your document for ELITE TAX & ACCOUNTING LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must type the complete/legal name of the individual(s) signing the document in each signature block.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6052.

ARCEDRA JOHNSON  
Regulatory Specialist II

Letter Number: 822A00027820

22 DEC -5 AM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

**CERTIFICATE OF FORMATION**  
**ELITE TAX & ACCOUNTING LLC**  
**0450329184**

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/06/2018 and was assigned identification number 0450329184. Following are the articles that constitute its original certificate.

1. **Name:**  
ELITE TAX & ACCOUNTING LLC
2. **Registered Agent:**  
DAVID WILLIAMS
3. **Registered Office:**  
107 MAPLE AVE 2ND FL  
MONTCLAIR, NEW JERSEY 07042
4. **Business Purpose:**  
ELITE TAX & ACCOUNTING IS IN BUSINESS TO PROVIDE TAX AND ACCOUNTING SERVICES TO THE PUBLIC.
5. **Effective Date of this Filing is:**  
12/06/2018
6. **Members/Managers:**  
IAN EPPS  
19 VAN WINKLE ST  
BLOOMFIELD, NEW JERSEY 07003

DAVID R WILLIAMS  
107 MAPLE AVE  
MONTCLAIR, NEW JERSEY 07042

7. **Main Business Address:**  
107 MAPLE AVE  
MONTCLAIR, NEW JERSEY 07042

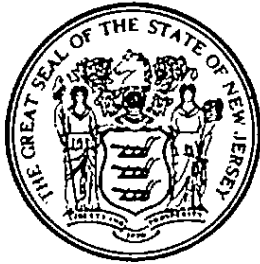
**Signatures:**

IAN EPPS  
AUTHORIZED REPRESENTATIVE  
DAVID R WILLIAMS  
AUTHORIZED REPRESENTATIVE

FILED  
22 DEC -5 AM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

**CERTIFICATE OF FORMATION**  
**ELITE TAX & ACCOUNTING LLC**  
**0450329184**



Certificate Number : 4066991885

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp)

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
6th day of December, 2018*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio  
State Treasurer

**FILED**  
22 DEC -5 AM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ELITE TAX & ACCOUNTING LLC  
\_\_\_\_\_  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

IAN EPPS OR DAVID WILLIAMS  
\_\_\_\_\_  
(Contact Person)

ELITE TAX & ACCOUNTING LLC  
\_\_\_\_\_  
(Firm/Company)

5212 HARBORSIDE DRIVE  
\_\_\_\_\_  
(Address)

TAMPA FL, 33615  
\_\_\_\_\_  
(City, State and Zip Code)

ELITETASERVICES@GMAIL.COM  
\_\_\_\_\_  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

DAVID WILLIAMS OR IAN EPPS at (8622022533, 3479338233)  
\_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**Mailing Address:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 22 DEC -5 AM 4:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
ELITE TAX & ACCOUNTING LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of NEW JERSEY  
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/06/2018  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**

ELITE TAX LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

**(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)**

**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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

**FILED**  
DEC - 5 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ELITE TAX LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

ELITE TAX LLC  
5212 HARBORSIDE DRIVE  
TAMPA FL, 33615

ELITE TAX LLC  
5212 HARBORSIDE DRIVE  
TAMPA FL, 33615

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

IAN EPPS  
Name  
5212 HARBORSIDE DRIVE  
Florida street address (P.O. Box **NOT** acceptable)  
TAMPA FL 33615  
City Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Signed this 18 day of NOVEMBER 20

**Signature of Authorized Representative of Limited Liability Company:**

~~Signature of Authorized Representative:~~

Printed Name: DAVID R WILLIAMS

Title: ~~CO-OWNER~~

*Signature needed  
title not accepted*

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature:

*David R Williams*

Printed Name: DAVID R WILLIAMS

Title: CO-OWNER

*✓*

Signature:

*Jan Epps*

Printed Name: IAN EPPS

Title: CO-OWNER

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 DEC -5 AM 4:07

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

DAVID R WILLIAMS

5212 HARBORSIDE DRIVE

TAMPA, FL 33615

AMBR

IAN EPPS

5212 HARBORSIDE DRIVE

TAMPA FL, 33615

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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(Use attachment if necessary)

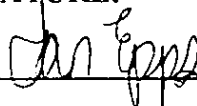
**ARTICLE V: Other provisions, if any.**

\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALAHASSEE, FLORIDA

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**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

IAN EPPS

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ELITE TAX & ACCOUNTING LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

IAN EPPS OR DAVID WILLIAMS  
(Contact Person)

ELITE TAX & ACCOUNTING LLC  
(Firm/Company)

5212 HARBORSIDE DRIVE  
(Address)

TAMPA FL, 33615  
(City, State and Zip Code)

ELITETASERVICES@GMAIL.COM  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

DAVID WILLIAMS OR IAN EPPS at (8622022533) 3479338233  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**Mailing Address:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**FILED**  
 22 DEC -5 AM 4:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
ELITE TAX & ACCOUNTING LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of NEW JERSEY  
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/06/2018  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
ELITE TAX LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

**(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)**

**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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

TALLAHASSEE  
SECRETARY OF STATE  
22 DEC - 5 41:07 PM  
**FILED**

Signed this 18 day of NOVEMBER 20

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: David R Williams  
Printed Name: DAVID R WILLIAMS Title: AMBR

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: David R Williams  
Printed Name: DAVID R WILLIAMS Title: AMBR

Signature: Ian Epps  
Printed Name: IAN EPPS Title: AMBR

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

- Articles of Conversion: \$25.00
- Fees for Florida Articles of Organization: \$125.00
- Certified Copy: \$30.00 (Optional)
- Certificate of Status: \$5.00 (Optional)

22 DEC -5 AM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation, a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership, including a limited liability limited partnership; a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

**Filing Fees:** \$150.00 (\$25 for Articles of Conversion and \$125 for Articles of Organization)

**Certified Copy (optional):** \$30.00

**Certificate of Status (optional):** \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**Mailing Address:**

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

**Street Address:**

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

For further information, you may contact the New Filing Section at (850) 245-6052.

**Important Notice: As a condition to the conversion, pursuant to s.605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State for filing.**

INHS11 (7/17)

22 DEC -5 AM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ELITE TAX LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

ELITE TAX LLC  
5212 HARBORSIDE DRIVE  
TAMPA FL, 33615

ELITE TAX LLC  
5212 HARBORSIDE DRIVE  
TAMPA FL, 33615

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

IAN EPPS  
Name  
5212 HARBORSIDE DRIVE  
Florida street address (P.O. Box **NOT** acceptable)  
TAMPA FL 33615  
City Zip

22 DEC -5 AM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

DAVID R WILLIAMS

5212 HARBORSIDE DRIVE

TAMPA, FL 33615

AMBR

IAN EPPS

5212 HARBORSIDE DRIVE

TAMPA FL, 33615

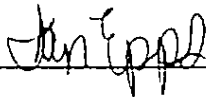
(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

22 DEC 15 AM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

IAN EPPS

Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**