# M15000009325

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

TO:	Registration Section
,	Division of Corporations



UNIV	/ERSAI	LTAX	SERV	<b>VICES</b>
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CI	TD	ЛF	~	r.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

MR. KING U	IMOREN		
-	N	lame of Person	
UNIVERSAI	L TAX SERVICES		
	F	irm/Company	
1401 E. CHA	RLESTON BLVD		
· · · · · · · · · · · · · · · · · · ·		Address	
LAS VEGAS	, NEVADA 89104		
	City/S	State and Zip Code	
info@universa	ltaxlv.com		
	E-mail address: (to be use	d for future annual	report notification)
	·		
ther information concern	ing this matter, please call:		
ther information concern		702	856-6921 )
MR.KINGUMOREN			856-6921  Daytime Telephone Number
MR.KINGUMOREN	e of Contact Person S:	702 at (	)



November 3, 2015

KING UMOREN 1401 E CHARLESTON BLVD LAS VEGAS, NV 89104

SUBJECT: UNIVERSAL TAX SERVICES, LLC

Ref. Number: W15000072336

We have received your document for UNIVERSAL TAX SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 415A00023192

#### **COVER LETTER**

Dh	daion of Corporation	10.5				
SUBJECT:	UNIVERSALTAX	SERVICES				_
		Name of	Limited Liability	Company		•
		reign Limited Liability Comed to register the above refer				
Please return	all correspondence	concerning this matter to the	following:			
	MR. KING UI	MOREN				
		N	ame of Person	······································		•
	UNIVERSAL	TAX SERVICES				
	<del></del>	F	irm/Company			•
	1401 E. CHAR	LESTON BLVD				
	<u></u>		Address			•
	LAS VBGAS,	NEVADA 89104				
	<u> </u>	City/S	tate and Zip Code			'
	info@universalta	axlv.com				
		E-mail address: (to be use	d for future annua	report no	tification)	
For further in	formation concernin	g this matter, please call:				
MR	.KINGUMOREN		702 at (	856-69	21	,
<del></del>	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divi Reg P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	c ADDRESS: of Corporations ion Section tuilding ecutive Center Circle use, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount;  \$\Bigsize \text{\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Pillin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop	

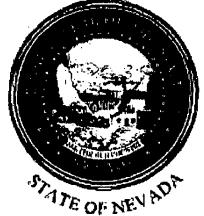
Registration Section

TO:

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	NEIGN LIMITED LIABILITY
1. Universal Tax Services, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL	C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name in Liability Company," "L.L.C." or "LLC.")	ust include "Limited
2. NEVADA (Jurisdiction under the law of which foreign limited liability (FFI number if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 4650 S. Clawsland Avenue Suite 9B	
fort Myers, FL 33907 (Street Address of Principal Office)	Stor 🔀
6. 1401 E. Chateston BIVD	SECTION AND ADDRESS OF THE PARTY OF THE PART
	量型を加
Las Vegas, NV 89104 (Mailing Address)	S 5 5 C
· • • · · · · · · · · · · · · · · · · ·	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	<b>一点で、4</b>
Name: Pamela Taveras	
Office Address: 4650 S. Cleveland Ave	)i= (** <b>G</b>
Fort Wyers FL 33967 Florida 33907	
(City) (Zip code)	
Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability designated in this application, I hereby accept the appointment as registered agent and agree to act in this ca to complywith the provisions of all statutes relative to the proper and complete performance of my duties, an accept the obligations of my position as registered agent.  (Registered agent's signature)	pacity. I further agree
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Mr. King Umoren, Manager	
	<del></del>
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custo jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the of the translator must be submitted)	ody of records in the certificate under oath
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fals submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155	e information , F.S.
Mr. King UMOSEN Typed or printed name of signee	
yped or printed name of signee	

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, UNIVERSAL TAX SERVICES LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 21, 2012, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 10, 2015.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20151110-2064

You may verify this electronic certificate online at http://www.nvsos.gov/