

N030000008712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

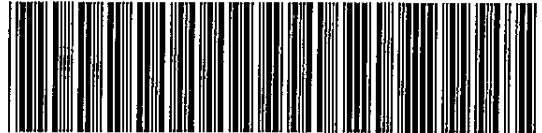
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



500022918675

09/16/03--D1066--013 **87.50

RECEIVED
03 SEP 16 AM 11:11
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

FILED
03 OCT -6 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W03-26443

10-7-03

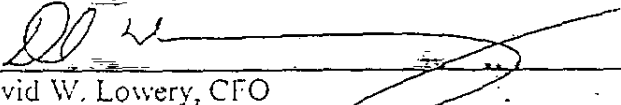


International Research Bk
1331 E. Lafayette St., Suite
Tallahassee, FL 32301
1-800-447-2112
1-800-814-7714 Fax
<http://www.irb-online.com>

CERTIFICATION ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000019
REFERENCE: 538031487
(Sub Account)
DATE: 9/16/03
REQUESTOR NAME: INTERNATIONAL RESEARCH BUREAU, INC.

ADDRESS: POST OFFICE BOX 14189
TALLAHASSEE, FL 32317

TELEPHONE: (850) (942-2500) ext (217)
CORPORATION NAME: Community Tax Information
Services Inc.
DOCUMENT NUMBER: _____
(if applicable)
AUTHORIZATION: 
David W. Lowery, CFO

☐ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☐ PLAIN STAMPED COPY

☐ Call When Ready ☐ Call if Problem
☐ Walk In ☐ Will Wait
☐ Mail Out ☐ After 4:30

Your Background Investigation Team

Pick Up...
Please put
in IRB Box
we will pick
up



RECEIVED

SEP 16 - 6 24 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 16, 2003

IRB, INTERNATIONAL RESEARCH BUREAU

SUBJECT: COMMUNITY TAX INFORMATION SERVICES, INC.
Ref. Number: W03000026443

We have received your document for COMMUNITY TAX INFORMATION SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Check the addresses thru out your document. Do you want two different suites?

Please return the original and one copy of 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) 245-6930.

Donna Graves
Document Specialist
New Filings Section

Letter Number: 203A00051297

9/30/03

As per my telephone conversation with you, the suite addresses are correct.

Please forward document as soon as possible to:

Court Document Preparation Services
2112 Tyler Street
Hollywood, FL 33020

We can be reached at (954) 925-8185.

Thank you.
Lawanda Joseph

ARTICLES OF INCORPORATION
In compliance with Chapter 617.F.S., (Not For Profit)
Of
COMMUNITY TAX INFORMATION SERVICES, INC.

FILED
03 OCT -6 PM 2: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be: **Community Tax Information Services, Inc.**

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
4799 NW 7th Ave., Suite C, Miami, FL 33127

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is: **To provide tax information to low income minorities and elderly and provide tax preparation services.**

ARTICLE IV - MANNER OF ELECTION

The manner in which the directors are elected or appointed: **Directors will be appointed by the Executive Board.**

ARTICLE V - INITIAL DIRECTORS/OFFICERS

The names, addresses and titles:

Diane Orphe	605 NW 214 St., Unit 101, Miami, FL 33169	Dir/Pres/Teas
Malia DeCoste	186 NW 90th Street, Miami, FL 33150	Dir/Sec.
Frank Orphe	186 NW 90th Street, Miami, FL 33150	Dir

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the registered agent is:

John Orphe, 4799 NW 7th Ave., Suite B, Miami, FL 33127

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

John Orphe, 4799 NW 7th Ave., Suite B., Miami, FL 33127

FILED

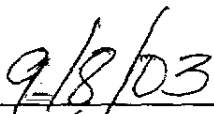
03 OCT -6 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

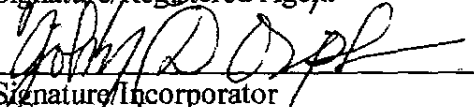
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.




Signature/Registered Agent



Date



Signature/Incorporator



Date