

TRANSMITTAL LETTER

PO0000090810

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

600003392156--4
-09/13/00--01091--003
*****78.75 *****78.75

SUBJECT: AMERITAX, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Rockey L. Rossi
Name (Printed or typed)

11400NW 56th Drive #110
Address

Coral Springs Florida 33076
City, State & Zip

954-755-9814
Daytime Telephone number

FILED
00 SEP 26 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Feb 9/26

NOTE: Please provide the original and one copy of the articles.

W-22498



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 14, 2000

ROCKEY L ROSSI
11400 NW 56TH DRIVE #110
CORAL SPRINGS, FL 33076

SUBJECT: AMERITAX, INC.
Ref. Number: W00000022498

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AMERITAX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6926.

Gina Bullock
Document Specialist

Letter Number: 300A00048557

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

AMERITAX VERIFICATION
SERVICES, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11400 NW 56th Drive #110
Coral Springs, Florida 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Income Verification - for mortgage companies, banking institutions
and lending facilities

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Rockey L. Rossi
11400 NW 56th Drive #110
Coral Springs, Florida 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rockey L. Rossi
11400 NW 56th Drive #110
Coral Springs, Florida 33076

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

Rockey L. Rossi
Signature/Registered Agent
Rockey L. Rossi

9-10-00
Date

Rockey L. Rossi
Signature/Incorporator
Rockey L. Rossi

9-10-00
Date