

TRANSMITTAL LETTER

PO2000000384

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

SUBJECT: Inherit Tax Service, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004744493--7  
-12/31/01--01039--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Sonia Turner  
Name (Printed or typed)

1799 North CR 19A Apt L-5  
Address

Eustis, FL 32726  
City, State & Zip

(352) 589-7036  
Daytime Telephone number

01 DEC 31 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

g 12/2

**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:

Inherit Tax Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1799 North CR 19A, Apt L-5

Eustis, FL 32726

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Tax Preparation/Filing, Bookkeeping, Payroll

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Sonia Turner PTS

1799 North Cr. 19A, Apt L-5

Eustis, FL 32726

**ARTICLE VI REGISTERED AGENT**

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

Sonk Turner

1799 North CR 19A, Apt L-5

Eustis, FL 32726

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Sonia Turner

1799 North CR. 19A, Apt L-5

Eustis, FL 32726

\*\*\*\*\*  
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

Sonia Turner  
Signature/Registered Agent

12/27/01  
Date

Sonia Turner  
Signature/Incorporator

12/27/01  
Date

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01 DEC 31 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA