

P02000016401
TRANSMITTAL LETTER

FILED
02 FEB -8 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

400004896104--5
-02/08/02--01031--009
*****78.75 *****78.75

SUBJECT: ALVIN I KARP, ACCOUNTING & TAXES, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: ALVIN I KARP
Name (printed or typed)
965 NE 171 STREET
Address
NORTH MIAMI BEACH, FLORIDA 33162
City, State & Zip
305-653-5859
Daytime Telephone number

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

DB 2/13

ARTICLES OF INCORPORATION

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TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALVIN I KARP, ACCOUNTING & TAXES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

965 NE 171 STREET
NORTH MIAMI BEACH, FLORIDA 33162

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALVIN I KARP
965 NE 171 STREET
NORTH MIAMI BEACH, FL 33162

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ALVIN I KARP
965 NE 171 STREET
NORTH MIAMI BEACH
FLORIDA 33162

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ 5th _____ day of FEBRUARY _____, 19 2002.

Alvin I Karp
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

ALVIN I KARP, ACCOUNTING & TAXES INC

1. The name of the corporation is: _____

2. The name and address of the registered agent and office is:

ALVIN I KARP

(Name)

965 NE 171 STREET

(P.O. Box not acceptable)

NORTH MIAMI BEACH, FL 33162

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Alvin I Karp
(Signature)

02/05/2002

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314