

TRANSMITTAL LETTER

P02000049422

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

SUBJECT: The Tax Doctor of Central Florida, LLC  
(Proposed corporate name - must include suffix)

200005253352--6  
-04/11/02--01034--012  
\*\*\*\*\*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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAMES SIMPSON  
Name (Printed or typed)

771 SW South MACEDO Blvd  
Address

Port St. Lucie, Florida 34983  
City, State & Zip

(561) 873-1818  
Daytime Telephone number

FILED  
02 MAY -6 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

05-06-02



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 19, 2002

JAMES SIMPSON  
771 SW SOUTH MACEDO BLVD  
PORT ST LUCIE, FL 33498-3

SUBJECT: THE TAX DOCTOR, INC.  
Ref. Number: W02000011094

We have received your document for THE TAX DOCTOR, 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) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 002A00023584

**ARTICLES OF INCORPORATION  
OF  
THE TAX DOCTOR OF CENTRAL FLORIDA, INC.**

\*\*\*\*\*

**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.**

**FILED**  
02 MAY -6 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I. NAME**

**The name of this corporation shall be:  
THE TAX DOCTOR OF CENTRAL FLORIDA, INC.**

**ARTICLE II. INITIAL REGISTERED OFFICE AND MAILING ADDRESS**

**The street address of the initial registered office of this corporation is 771 SW SOUTH MACEDO BLVD., PORT ST. LUCIE, FLORIDA 34983.**

**The mailing address of this corporation is 771 SW SOUTH MACEDO BLVD., PORT ST. LUCIE, FLORIDA 34983**

**ARTICLE III. CAPITALIZATION**

**The aggregate number of shares which the corporation is authorized to issue is 1,000. Such shares shall be of a single class, and shall have a par value of \$1.00 per share.**

**ARTICLE IV. INITIAL REGISTERED AGENT**

**The name and address of the initial registered agent is:**

**James Simpson  
771 SW South Macedo Blvd.  
Port St. Lucie, Florida 34983**

## ARTICLE V. INCORPORATOR

**The name and address of the incorporator to these Articles of Incorporation are:**

**James Simpson  
771 SW South Macedo Blvd.  
Port St. Lucie, Florida 34983**

  
**Signature Incorporator**

  
**Date**

*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.*

  
**Signature Registered Agent**

  
**Date**