

PO2000113036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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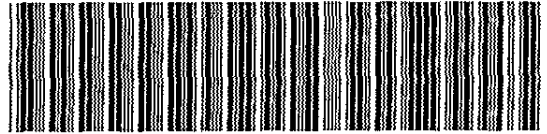
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02 OCT 22 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/23

TRANSMITTAL LETTER

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

SUBJECT: Dacres & Dunbar Tax Service, Inc.
(Proposed Corporate Name – Must Include Suffix)

Enclosed are 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: Alicia Dunbar
Name

2123 Champions Way
Address

North Lauderdale, FL 33068
City, State, Zip

954-724-9084
Phone

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

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:

Dacres & Dunbar Tax Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5999 NW 18th Court
Sunrise, FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1000 authorized, par value \$1.00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address (es):

Claudette Dacres
5999 NW 18th Court
Sunrise, FL 33313

Alicia Dunbar
2123 Champions Way
North Lauderdale, FL 33068

ARTICLE VI REGISTERED AGENT/INCORPORATOR

The name and address of the Incorporator is:

Alicia Dunbar
2123 Champions Way
North Lauderdale, FL 33068

Having been named as registered agent to accept service of process for the above stated corporation at the place designed 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

FILED

02 OCT 22 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA