

PO3000021862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

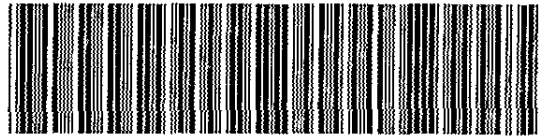
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: SHELTON'S 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: RONALD D. SHELTON
Name (Printed or typed)

P.O. Box 7322
Address

HUDSON FL 34674 - 7322
City, State & Zip

352-585-1247
Daytime Telephone number

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

PLEASE RETURN IS PRE STAMP EXPRESS
MAIL ENVELOPE THANK YOU

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: SHELTON'S TAX SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 15215 US 19 Hudson FL. 34674
P.O. BOX 7322 Hudson FL. 34674-7322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to OPERATE A TAX SERVICE
BUSINESS for the public.

ARTICLE IV SHARES

The number of shares of stock is: 100 NON PAR

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

RONALD D. SHELTON, President
11044 VIA DE ROSA LANE
SPRING HILL FL. 34608

ARTICLE VI REGISTERED AGENT

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

RONALD D. SHELTON
11044 VIA DE ROSA LANE
SPRING HILL FL 34608

ARTICLE VII INCORPORATOR

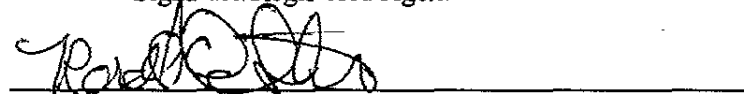
The name and address of the Incorporator is:

RONALD D. SHELTON
11044 VIA DE ROSA LANE
SPRING HILL FL. 34608

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


Signature/Registered Agent

02/19/03
Date


Signature/Incorporator

02/19/03
Date

FILED
03 FEB 21 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA