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SECRETARY OF STATE  
FALLS CHURCH, VA

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4/20

# TRANSMITTAL LETTER

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

**SUBJECT:** MASTER TAX, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: MASTER TAX, INC.  
Name (Printed or typed)

2212 S CHICKASAW TRAIL # 302  
Address

ORLANDO, FL 32825  
City, State & Zip

Daytime Telephone number

**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:

MASTER TAX, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2212 S. CHICKASAW TRAIL STE 302  
ORLANDO, FL 32825

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ACCOUNTING AND TAXES

### ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares at a par value of \$1.00 ea

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

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

ALVARO ALVAREZ  
2212 S. CHICKASAW TRAIL STE 302  
ORLANDO, FL 32825

### ARTICLE VI REGISTERED AGENT

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

ALVARO ALVAREZ  
2212 S. CHICKASAW TRAIL STE 302  
ORLANDO, FL 32825


### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

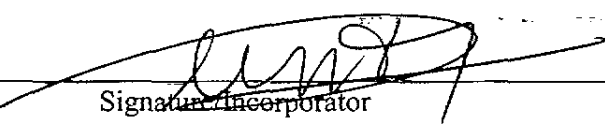
ALVARO ALVAREZ  
2212 S. CHICKASAW TRAIL STE 302

\*\*\*\*\*

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

04/07/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

04/07/03  
\_\_\_\_\_  
Date

03 APR 25 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA