

PD3000093189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

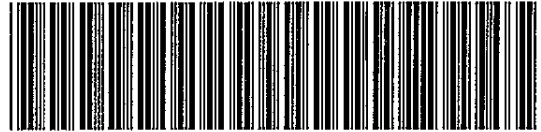
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400022214444

08/21/03--01019--015 **78.75

03 AUG 21 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

8/21

TRANSMITTAL LETTER

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

SUBJECT: TAX PROFESSIONAL SERV, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

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

9645 E. COLONIAL DR STE 109
Address

ORLANDO, FL. 32817
City, State & Zip

(321) 278-7915
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:
TAX PROFESSIONAL SERV, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
9645 E. COLONIAL DR, STE 109
ORLANDO, FL. 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
INCOME TAX, ACCOUNTING, PAYROLL, NOTARY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:
10,000 SHARES AT PAR VALUE OF \$1.00 EACH.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ADOLFO ALVAREZ/ PRESIDENT
1635 VIA PILAR
ORLANDO, FL. 32825

EZEQUIELA N. COLUMBIE/VICE-PRESIDENT
1635 VIA PILAR
ORLANDO, FL. 32825

ARTICLE VI REGISTERED AGENT

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

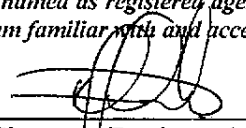
ADOLFO ALVAREZ
1635 VIA PILAR
ORLANDO, FL. 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ADOLFO ALVAREZ
1635 VIA PILAR
ORLANDO, FL. 32825

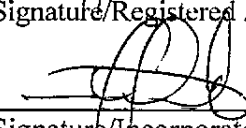
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

08/15/2003

Date



Signature/Incorporator

08/15/2003

Date

FILED

03 AUG 21 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA