

A04000140660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

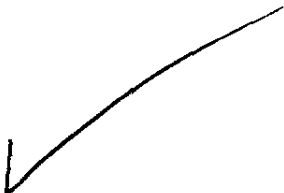
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: TAX & FINANCIAL SOLUTIONS, 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: ALDEN LYNN SNYDER
Name (Printed or typed)

5886 WOODPOINT TERRACE
Address

PORT ORANGE FL 32128
City, State & Zip

(386) 252-6556 or (386) 760-4872
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 & FINANCIAL SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5886 WOODPOINT TERRACE
PORT ORANGE, FL 32128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL BUSINESS ACTIVITIES.

ARTICLE IV SHARES

The number of shares of stock is:

100 AUTHORIZED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALDEN LYNN SNYDER PRESIDENT
5886 WOODPOINT TERRACE DIRECTOR
PORT ORANGE, FL 32128

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ALDEN LYNN SNYDER
5886 WOODPOINT TERRACE
PORT ORANGE, FL 32128

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALDEN LYNN SNYDER
5886 WOODPOINT TER
PORT ORANGE, FL 32128

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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

Alden Lynn Snyder
Signature/Registered Agent

10/7/04
Date

Alden Lynn Snyder
Signature/Incorporator

10/7/04
Date