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(Re	questor's Name)			
(Ad	ldress)			
(Ad	dress)	, 		
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	TIAW [MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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DIVISION TO PM 12: 56

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TRANSMITTAL LETTER

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

SUBJECT: L	M Be TAX Se	RVICES INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	Pom Pano B	Tlantic BIVD Address EACH FL 33 State & Zip		
561-541-9076 Daytime Telephone number				

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

DIVISION OF PH 12: 56

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:

LIMBE TAX SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2758 WEST ATLANTIC BIVD suite 18 POMPANO BEACH, FL 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal Business

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joseph ARISTIDE

2758 WEST ATLANTIC BIVD suite 18 POMPANO BEACH, FL 33069

ARTICLE VI REGISTERED AGENT

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

Joseph ARistiDE

2758 WEST ATLANTIC BIV suite 18

Pom PANO BRACH, FL 33069

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

TosePh ARISTIDE

2758 WEST ATLANTIC BIVD 18

Pom PANU BRACK FL 33069

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

Just h Aus Lole
Signature/Registered Agent

10-09-04 Date

Signature/Incorporator

10-69-04