# 205000018505

(Requestor's Name)
Jean & Bryan Gates, EAs Tax Advisory Services, Incorporated PO Box 3895 Clearwater, FL 33737
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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To: Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

# SUBJECT: (American Academy of Tax Practice, Inc.)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for : \$70.00 Filing Fee

FROM:

Name – Bryan E. Gates Address – PO Box 3895 – Clearwater, FL 33767 Daytime Telephone number – 727-442-2806

## 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: American Academy of Tax Practice, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business is: 820 S. Ft. Harrison Ave. – Clearwater, FL 33716; The mailing address is: PO Box 3895 – Clearwater, FL 33767.

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to transact any business for which corporations may be incorporated under Florida Statutes including the provision of professional education.

## ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 shares of common stock, in one class only, each with no par value.

#### ARTICLE V REGISTERED AGENT

ARTICLE VI INCORPORATOR

The name and Florida street address of the registered agent is: Bryan E. Gates – 270 Skiff Point B1 – Clearwater, FL 33767

The name and address of the Incorporator is: Jean H. Gates - 270 Skiff Point B1 - Clearwater, FL	33767
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Having been named as registered agent to accept serve the place designated in this certificate, I am familiar was a server of the place of the server of the ser	
agent and agree to gest in this capacity	
Dam Calle	1/26/05
Signature/Registered Agent	Date
Bryan E. Gates	
Jan H Gales	1/26/05

ACKNOWLEDGEMENT STATE OF FLORIDA COUNTY OF PINELLAS

Signature/Incorporator

Jean H. Gates

The foregoing instrument was acknowledged before me this 26 day of JAN, 2005 by Bryan E. Gates and Jean H. Gates.

Amanda

(Seal) Notary Public - State o

Personally Known \_\_\_\_\_ - OR - Produced Identification \_\_\_\_

Type of Identification Produced FLOCTOA DOUPES LICEUSE

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