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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 SEP 26 A 7:50

FILED

D. WHITE SEP 29 2005

COVER LETTER

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

SUBJECT: LAUDERDALE TAX DEPOT 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: LAUDERDALE TAX DEPOT INC.
Name (Printed or typed)

1619 S. STATE RD 7
Address

NORTH LAUDERDALE, FL 33068
City, State & Zip

954-972-8111
Daytime telephone number

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



FILED

FLORIDA DEPARTMENT OF STATE

2005 SEP 26 A 7:50

Glenda E. Hood
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 14, 2005

ADOIRD BELLE-FLEUR
1619 SOUTH SR 7
N LAUDERDALE, FL 33068

SUBJECT: LAUDERDALE TAX DEPOT INC.,
Ref. Number: W05000042676

We have received your document for LAUDERDALE TAX DEPOT INC., and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Registered agent signature required.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 505A00056764

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

LAUDERDALE TAX DEPOT INC.

2005 SEP 26 A 7 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1619 S. STATE RD 7

N. Lauderdale, FL 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAX Preparation

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ADOIRD Belle-Fleur

ARTICLE VI REGISTERED AGENT

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

1619 S. STATE RD 7 ADOIRD Belle-Fleur

NORTH Lauderdale, FL 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ADOIRD Belle-Fleur

1619 S. STATE Rd 7 N. Lauderdale, FL 33068

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

ADOIRD Belle-Fleur

Signature/Registered Agent

09-21-05

Date

ADOIRD Belle-Fleur

Signature/Incorporator

09-09-05

Date