

P05000145173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

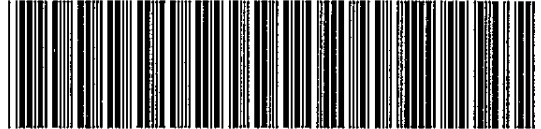
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/27/05  
BWK

## COVER LETTER

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

SUBJECT: Liberty Tax & Retirement Advisors Inc.  
(PROPOSED CORP. OR STATE 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:

Vincent Verdi

Name (Printed or typed)

11920 Sheldon Rd

Address

TAMPA, FL 33625

City, State & Zip

727-463-5204

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: **Liberty Tax & Retirement Advisors Inc.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **11920 Sheldon Rd.  
Tampa FL 33625**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Any & All lawful Business**

## ARTICLE IV SHARES

The number of shares of stock is:

**1000**

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**President Vincent Verdi  
11920 Sheldon Rd  
Tampa FL 33625**

## ARTICLE VI REGISTERED AGENT

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

**Vincent Verdi 11920 Sheldon Road.  
Tampa, FL 33625**

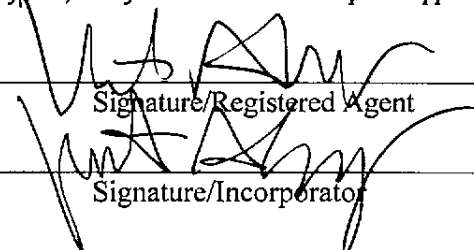
## ARTICLE VII INCORPORATOR

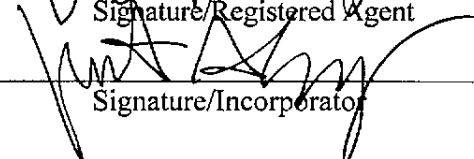
The name and address of the Incorporator is:

**Vincent Verdi 11920 Sheldon Rd  
Tampa, FL 33625**

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Incorporator

**10/17/05**  
\_\_\_\_\_  
Date

**10/17/05**  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA