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| Special Instructions to Filing          | g Officer:    |             |  |  |
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# **COVER LETTER**

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

| SUBJECT:                     | CMG TAX Service<br>(PROPOSED CORPORA | s. Inc.                    | i ibaa -   |  |  |
|------------------------------|--------------------------------------|----------------------------|--|--|--|
|                              | (PROPOSED CORPORA                    | TE'NAME – <u>MUST INCL</u> | UDE SUFFIX)  |  |  |
|                              |                                      |                            |  |  |  |
|                              |                                      |                            |  |  |  |
| Enclosed are an orig         | ginal and one (1) copy of the artic  | cles of incorporation and  | l a check for:   |  |  |
| \$70.00                      | \$78.75                              | \$78.75                    | \$87.50  |  |  |
| Filing Fee                   | Filing Fee                           | Filing Fee                 | Filing Fee,  |  |  |
| 1 mile 1 cc                  | & Certificate of Status              | & Certified Copy           | Certified Copy   |  |  |
|                              | & Cormeac of Blattas                 | & Cerunea Copy             | & Certificate of   |  |  |
|                              |                                      |                            | Status   |  |  |
|                              | ADDITIONAL COPY REQUIRED             |                            |  |  |  |
|                              |                                      | ABBATIONIE CO              | or a responden   |  |  |
| FROM:                        | Carlos M. Gallina                    | (Printed or typed)         | · · · · · · · · · · · · · · · · · · ·  |  |  |
| 1861 S.W. 5th Street Suite 9 |                                      |                            |  |  |  |
|                              | Miami Fl                             |                            | <del>innigo de la</del> Persona  |  |  |
|                              |                                      | 290-2653                   | MANUAL SERVICE |  |  |
|                              | 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:

CMG Tax Services, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1861 S.W. 5th Street Suite 9 Miami, Florida 33135

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any and all business as permitted in accord with the laws of the State of Florida, and the laws of the United States of America.

ARTICLE IV SHARES
The number of shares of stock is:

100 shares \$1 par value.

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Carlos M. Gallinal, President and Secretary 100 % owner 1861 S. W. 5th Street Suite 9 Miami, Florida 33135

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Carlos M. Gallinal
1861 S.W. 5<sup>th</sup> Street
Suite 9
Miami, Florida 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Carlos M. Gallinal 1861 S.W. 5<sup>th</sup> Street Suite 9 Miami, Florida 33135

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

Carlos M. Gallinal

Date

Signature/Incorporator

Carlos M. Gallinal

Date

5 DEC -5 AM 9: 18

SECRETARY OF STATE DIVISION OF CORPORATIONS