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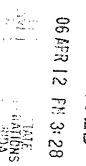
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PICK-UP	WAIT	MAIL		
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Special Instructions to	Filing Officer			
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



E Burch APR 182006 #

COVER LETTER

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

SUBJECT:	Instant lax		5 3 4 5
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art.	icles of incorporation an	d a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Evan Co	(Printed or typed)	
	1369 Mah	an Dr. Address	
	Tallahassee	FL, 32 State & Zip	308
	ATO- A	77-712 A	

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

Daytime Telephone number

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: Instant tax Refund, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1369 Mahan Dr. Tallahassee, FC, 32308 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: To provide Tax returned services ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s); Pregident EUAN LARSEN 1369 Mahan Dr. Tallahassee FL 32308 Uicellisida Julia Larsen 1369 Mahan Dr. Tallahassee FL 32308 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Tallahasse TL 32708 The name and address of the Incorporator is: Ta (phassee

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

Date

Signature/Incorporator

Date