

PO6000140300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

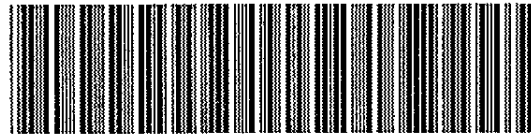
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: TAX SMART SOLUTIONS, 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: GEORGE E CHARLES
Name (Printed or typed)

3955 NW 39TH AVENUE
Address

LAUDERDALE LAKES, FL 33309
City, State & Zip

954-290-5109
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:

TAX SMART SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3955 NW 39TH AVENUE
LAUDERDALE LAKES, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INCOME TAX PREPARTION, ACCOUNTING, BUSINESS CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GEORGE E. CHARLES - CONSULTANT
3955 NW 39TH AVENUE
LAUDERDALE LAKES, FL 33309

ARTICLE VI REGISTERED AGENT

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

GEORGE E. CHARLES
3955 NW 39TH AVENUE
LAUDERDALE LAKES, FL 33309

ARTICLE VII INCORPORATOR

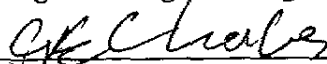
The name and address of the Incorporator is:

GEORGE E. CHARLES
3955 NW 39TH AVENUE
LAUDERDALE LAKES, FL 33309


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


Date


Date

FILED
NOV-5 PM 1:14
CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA