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PICK-UP	MAIT	MAIL
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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:	HENRIQUEZ INCOME TAX INC (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the art				
\$70.00 Filing Fee			\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:		EZ INCOME TAX INC (Printed or typed)		0	
	130 NW 189 St Address		LATES	FIL 07 FEB 22	
-	Miami Gardens, FL. 33169 City, State & Zip		——————————————————————————————————————	FILED 822 PH 1:20	
-	305 652 0584 Daytime Telephone number		NIDA NIDA	9 0	

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)

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ARTICLE I NAME

The name of the corporation shall be:

HENRIQUEZ INCOME TAX INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

130 N W 189 St Miami, FL. 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do business as Income tax preparation and other services

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):

Francisco Henriquez President 130 N W 189 St Miami Gardens, FL 33169

ARTICLE VI REGISTERED AGENT

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

Francisco Henriquez 130 N W 189 St Miami Gardens, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Francisco Henriquez 130 N W 189 St Miami Gardens, FL 33169

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

02-10-07

Date

02-12-07 Date

Jate

07 FEB 22 PH 1: 20