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PICK-UP	☐ WAIT	MAIL	
(Bi	usiness 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: SER	VICES PLUS,INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: JE	EAN-REMY FRANC	OIS (Printed or typed)	
	1001 S. CONGRES		· · · · · · · · · · · · · · · · · · ·
	DELRAY BEACH, F	L 33445 , State & Zip	
	561-819-6233		

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

Daytime Telephone number



# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2008

JEAN-REMY FRANCOIS 1001 S. CONGRESS AVE DELRAY BEACH, FL 33445

SUBJECT: SERVICES PLUS, INC Ref. Number: W08000006173

We have received your document for SERVICES PLUS, INC and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 308A00007602

Division of Communities and DON COOR Mallahaman Florida 2001

# 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:

SERVICES PLUS, INCOME TAX, Inc

# 08 FEB 18 PM 4: 05 TALLAHASSEE, FLORIOA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1001 SOUTH CONGRESS AVE DELRAY BEACH, FL 33445

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Income TAX preparation Copy, FAX TRANLATION

### ARTICLE IV SHARES

The number of shares of stock is:

10

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JEAN-REMY FRANCOIS (PRESIDENT) 9745 ROCHE PL WELLINGTON, FL 33445

ARTICES VI REGISTERED AGENT	1
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
JEAN-REMY FRANCOIS 9745 ROCHE PL WELLINGTON,FL 33414	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
SERVICES PLUS. INCOME TAX, ENC.  1001 SOUTH CONGRESS AVE Jean-Remy Fra DELRAY BEACH, FL 33445	ncois
Having been named as registered agent to accept service of process for the above	**************************************
certificate, I am familiar with and accept the appointment as registered agent and a	
	1-18.2008
Signature/Registered Agent	Date
	1-17. 2018
Signature/Incorporator	1-17. 2018 Date
U.	

08 FEB 18 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA