

P09000073256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

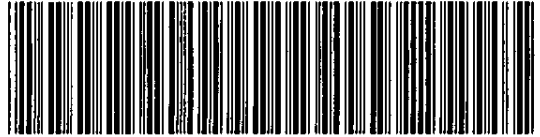
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status cert

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08/31/09--01027--004 **78.75

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2009 AUG 31 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP01

COVER LETTER

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

SUBJECT: FOUCHE TAX SERVICE 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: LOUIS FILS SYLVERA
 Name (Printed or typed)

12090 SW 268TH STREET UNIT 22
 Address

HOMESTEAD FL 33032
 City, State & Zip

786-273-1621
 Daytime Telephone number

J.ALFRED16@YAHOO.COM
 E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: FOUCHE TAX SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

12090 SW 268TH STREET UNIT 22
HOMESTEAD FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT BUSINESS IN THE STATE OF FLORIDA FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT \$ 10.00 PAR.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LOUIS FILS SYLVERA- PRESIDENT
12090 SW 268 STREET UNIT 22
HOMESTEAD FL 33032

ARTICLE VI REGISTERED AGENT

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

LOUIS FILS SYLVERA
12090 SW 268 STREET UNIT 22
HOMESTEAD, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LOUIS FILS SYLVERA
12090 SW 268 STREET UNIT 22
HOMESTEAD, FL 33032

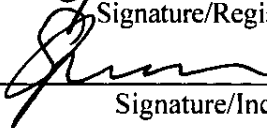
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

8/26/09

Date

8/26/09

Date