

P10000051160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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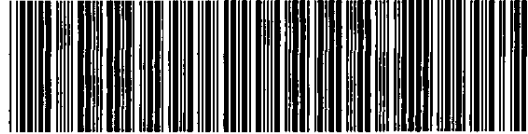
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-18-10

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COVER LETTER

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

SUBJECT: TAX PARTNERS, 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: Carlos E. Hernandez

Name (Printed or typed)

800 NW Fork Road, #4-2

Address

Stuart, FL 34994

City, State & Zip

(703) 568-7399

Daytime Telephone number

CEHCPA@gmail.com

E-mail address: (to be used for future annual report notification)

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 PARTNERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

800 NW Fork Road

Apartment 4 - 2

Stuart, FL 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

1,000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carlos E 800 NW Fork President
Hernandez Road, #4-2,
 Stuart, FL 34994

ARTICLE VI REGISTERED AGENT

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

Carlos E Hernandez

800 NW Fork Road, #4-2

Stuart, FL 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlos E Hernandez

800 NW Fork Road, #4-2

Stuart, FL 34994

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

6/15/10

Date



Signature/Incorporator

6/15/10

Date

FILED
10 JUN 17 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA