

P10000088532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

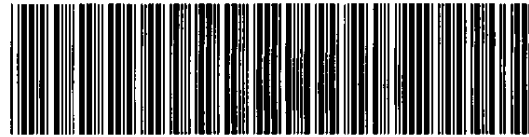
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2010 OCT 27 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 01 2010

## COVER LETTER

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

SUBJECT: TAXMPIRE & FINANCIAL SERVICES 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: JAYSON JONES  
Name (Printed or typed)

12018 Royal Palm Blvd  
Address

Coral Springs, FL 33065  
City, State & Zip

703-966-9439  
Daytime Telephone number

TAXMPIRE@GMAIL.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:

TAX Mpire & FINANCIAL SERVICES INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

3161 W. OAKLAND PARK Blvd  
OAKLAND PARK, FL 33311

Mailing address, if different is:

12018 ROYAL PALM Blvd  
CORAL SPRINGS, FL 33065

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INCOME TAX PREPARATION  
FINANCIAL PLANNING  
DEBT CONSOLIDATION

## ARTICLE IV SHARES

The number of shares of stock is: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAYSON JONES CEO  
Address: 12018 ROYAL PALM Blvd  
CORAL SPRINGS, FL 33065

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: JAYSON JONES  
Address: 12018 ROYAL PALM Blvd  
CORAL SPRINGS, FL 33065

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAYSON JONES  
Address: 12018 ROYAL PALM Blvd  
CORAL SPRINGS, FL 33065

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

Jayson Jones  
Required Signature/Registered Agent

25 Oct 2010  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jayson Jones  
Required Signature/Incorporator

25 Oct 2010  
Date

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