

P10000092007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

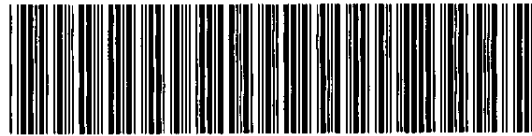
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Certificates of Status ☐

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DIVISION OF CORPORATIONS  
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2010 NOV 12 AM 10:01  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

11/12/10

**COVER LETTER**

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

SUBJECT: \_\_\_\_\_

*Dural Taxes 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: \_\_\_\_\_

*Katina Andrews*

Name (Printed or typed)

*8477 Old Kings Road South*

Address

*Jacksonville, FL 32217*

City, State & Zip

*(904) 444-4327*

Daytime Telephone number

*Katina Andrews 1@yahoo.com*

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

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 NOV 12 AM 12:01

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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

EFFECTIVE DATE

01/01/11

**ARTICLE I NAME**

The name of the corporation shall be: DUVAL TAXES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8477 Old Kings Rd. S.  
Jacksonville, FL 32217

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Tax Filing

Article VIII

Effective Date: 1/1/11

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares

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

Name and Title: Michael Mosley  
Address: 2303 Forest Hill Rd  
Jacksonville FL  
32208 (President)

Name and Title: Katina Andrews  
Address: 8477 Old Kings Road South  
Jacksonville, FL 32217  
(President)

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: Katina Andrews  
Address: 8477 Old Kings Rd. S.  
Jacksonville, FL 32217

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Mosley  
Address: 2303 Forest Hill Rd  
JAX FL 32208

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

Katina Andrews  
Required Signature/Registered Agent

11/12/10  
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.

[Signature]  
Required Signature/Incorporator

11/12/10  
Date

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NOV 12 AM 10:01  
TALLAHASSEE, FLORIDA