

P10000096359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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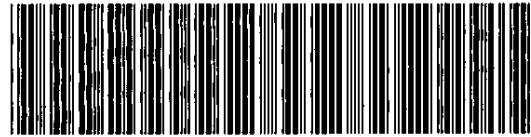
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV 23 PM 2:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
11/29

COVER LETTER

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

SUBJECT: Southeast Tax, 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: Suzanna Ferreira

Name (Printed or typed)

9316 Northlake Parkway Apt 114

Address

Orlando, FL 32827

City, State & Zip

407-765-6076

Daytime Telephone number

sweetsuzzie143@hotmail.com

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

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

FILED

ARTICLES OF INCORPORATION

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

10 NOV 23 PM 2: 58

ARTICLE I NAME

The name of the corporation shall be: Southeast Tax, Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
9316 Northlake Parkway Apt 114
Orlando, FL 32827

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suzanna Ferreira, President
Address: 9316 Northlake Parkway Apt 114
Orlando, FL 32827

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: Suzanna Ferreira
Address: 9316 Northlake Parkway Apt 114
Orlando, FL 32827

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Suzanna Ferreira
Address: 9316 Northlake Parkway Apt 114
Orlando, FL 32827

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

Suzanna Ferreira
Required Signature/Registered Agent

11/17/2010
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.

Suzanna Ferreira
Required Signature/Incorporator
Suzanna Ferreira

11/17/2010
Date