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(Requestor's Name)					
(Address)					
(Address)					
•					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificate:	s of Statu s			
Special Instructions to	Filing Officer:				
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	<u> </u>				

Office Use Only



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COVER LETTER

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

SUBJECT: John D Whigham Tax 8	Accounting	Service Inc		
(PROPOSED CORPORA)	E NAME - MUST INC	LUDE SUFFIX)	*	
Enclosed are an original and one (1) copy of the artic	les of incorporation ar	nd a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL C	OPY REQUIRED		
FROM: John D Whigham Tax & A	ccounting Service (Printed or typed)	ce Inc		
200 ldyllwilde Dr	ddress	SEGRE1	2011 JAN 10	רר
Sanford, FL 32771	State & Zip	ARY OF S		ILE
407-923-3979 Daytime Te	lephone number	STATE	PH 3: 47	D
johnwhigham1974@cfl.rr E-mail address: (to be used	•	t 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)

The name of the	corporation shall be:	Tax & Accounting Serv	
ARTICLE II	PRINCIPAL OFFICE	3 4-131	- 11 16 1100 1
	Principal <u>street</u> address 200 Idyllwilde Dr	Manng	g address, if different is:
	Sanford, FL 32771		
			
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
Perform tax	& accounting services		
ARTICLE IV	SHARES		
The number of sh	ares of stock is: 100		
	INITIAL OFFICERS AND/OR DIRE		
Name and	Title: John Whigham P S T		
Address:	200 Idyllwilde Dr Sanford, FL 32771	Address:	· · · · · · · · · · · · · · · · · · ·
	Samuel, I Luciti		
Name and	Title:	Name and Title:	
Address:		Address:	
Nome and	Title:		
Address:	Title	Address:	
			A.C. 20
			
ARTICLE VI	REGISTERED AGENT		JAN AHA
	orida street address (P.O. Box NOT accepta	. •	10
Name: Address:	John Whigham 200 Idyllwilde Dr		
. (441 555)	Sanford, FL 32771		Page 3
APTICI E UII	INCORPORATOR		ရွိနိုင္ငံ မ
	Idress of the Incorporator is:	ARTICLE VIII	Effective gate
Name:	John Whigham	1/3/2011	-
Address:	200 Idyllwilde Dr Sanford, FL 32771		
	Samura, PL 32//		
Having been nar this certificate, I	ned as registered agent to accept service of am familiar with and accept the appointment	process for the above stated col t as registered agent and agree to	rporation at the place designated is o act in this capacity
John	D Whia ham		1/1/2011
	Required Signature/Registered Age	nt	Date
I submit this doc	ument and affirm that the facts stated here	ein are true. I am aware that t	he false information submitted in
document to the l	Department of State constitutes a third degree	e felony as provided for in s.817	7.155, F.S.
The T) b)híoba -		41410044
オーヘー	Bequired Signature/Incorporator		1/1/2011 Date