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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 20 2011

**NS Accounting and Tax Service
6015 Chester Circle Suite 102
Jacksonville, FL 32217
Tel 904-733-6805
Fax 904-854-6205**

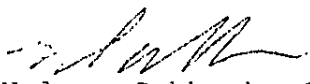
1/10/2011

Secretary of State
Davison of Corporation

RE: Release of Name for N S Accounting and Tax Service,
Inc.

This letter is to inform you that I am releasing the name
of N S Accounting and Tax Service, Inc. Document number
P08000081024 as of January 1, 2011. If you have any
questions or need additional information, Please contact me
at the above address or via E-mail; at
nelson@nsabbaghcpa.com

Sincerely


Nelson Sabbagh, CPA
President

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: NS Accounting and Tax Service, 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: Nelson Sabbagh, CPA

Name (Printed or typed)

6015 Chester Circle Dr Suite 102

Address

Jacksonville, FL 32217

City, State & Zip

904733-6805

Daytime Telephone number

nelson@nsabbaghcpa.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

N S Accounting and Tax Service, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6015 Chester Circle Suite 102
Jacksonville, FL 32217

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any legal purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nelson Sabbagh, President Name and Title: _____
Address: 3251 Cormorant Circle Address: _____
Jacksonville, FL 32223

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Nelson Sabbagh
Address: 3251 Cormorant Dr
Jacksonville, FL 32223

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nelson Sabbagh
Address: 3251 Cormorant Dr
Jacksonville, FL 32223

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]
Required Signature/Registered Agent

1/12/2011
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

1/12/2011
Date

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