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SECRETARY OF STATE
ALLAHASSEE, FLORID,

Mr 261

COVER LETTER

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

SUBJECT: TAX DEFENSE OFFICES OF MAYLIN LIMA, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
4			
FROM: JOHNNY S VIGO, PRESIDENT Name (Printed or typed)			
6625 MIAMI LAKES DRIVE, SUITE 240 Address			
MIAMI, FL 33014	State & Zip		
305-545-8866 Daytime Te	elephone number		
MAYLINLIMA41@BELLS E-mail address: (to be used	SOUTH.NET I for future annual report notification)		

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



RECEIVED

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FLORIDA DEPARTMENT OF STATE TALLAHASSEE. FLORIDA Division of Corporations

February 3, 2011

JOHNNY S. VIGO 6625 MIAMI LAKES DRIVE SUITE 240 MIAMI, FL 33014

SUBJECT: TAX DEFENSE OFFICES OF MAYLIN LIMA, PA

Ref. Number: W11000006855

We have received your document for TAX DEFENSE OFFICES OF MAYLIN LIMA, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 711A00002965

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

The name of the corporation shall be: TAX DEFENSE OFFICES OF MAYLIN LIMA, The name of the corporation shall be:			
ARTICLE II	PRINCIPAL OFFICE		Zs =
Š	Principal <u>street</u> address 6625 MIAMI LAKES DRIVE SUITE 240 MIAMI, FL 33014	Mailing addres	ss, if different is:
IRS TAX RE	PURPOSE which the corporation is organized is: PRESENTATION FOR TAXPAYERS NG THEM INTO INSTALLMENT AGR	AND CORPORATION T EEMENT AND OFFERS	THAT COME MONEY S IN COMPROMISE.
ARTICLE IV The number of sha	SHARES ares of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>es</u>	
Name and T Address:	itle:JOHNNY S VIGO, PRESIDENT 6625 MIAMI LAKES DRIVE SUITE 240 MIAMI, FL 33014	Address:	
Name and T	itle:	Name and Title:	
Address:			
Name and T Address:	itle:	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: Address:	JOHNNY S VIGO 6625 MIAMILAKES DRIVE, SUITE 2 MIAMI, FL 33014	_ 	
ARTICLE VII	INCORPORATOR		
	dress of the locorporator is:		
Name:	JOHNNY S VIGO	<u>-</u>	
Address:	6625 MIAMI LAKES DRIVE, SUITE 24 MIAMI, FL/33014	_	
Having been named as registered dgent 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			
- 1/	n XXX		1/24/11
	Required Signature/Registered Agent		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.			
A_{\sim}			1/26/11
//-V	Required Signature/Incorporator		Date