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Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

immigration and tax services, inc

Certificate of Status	0
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COVER LETTER

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

SUBJECT: IMMIGRATION AND TAX SERVICES, 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: MARIA C MAGARINO
Name (Printed or typed)

2200 SW 9TH AVENUE
Address

MIAMI FL 33129
City, State & Zip

305-244-7855 (LLAMAR ANTES DE VENIR)
Daytime Telephone number

MMagarinoAcc@aol.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME IMMIGRATION AND TAX SERVICES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
27670 WISCONSIN STREET
BONITA SPRINGS FL 34135

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JASMIN MILLER PRESIDENT AND TREASURER
Address: 27670 WISCONSIN ST
BONITA SPRINGS FL 34135

Name and Title:
Address:

Name and Title: MARIA G MAGARINO VICE-PRESIDENT
Address: 27670 WISCONSIN ST
BONITA SPRINGS FL 34135

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: MARGARITA RAMIREZ
Address: 27670 WISCONSIN ST
BONITA SPRINGS FL 34135

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: JASMIN MILLER
Address: 27670 WISCONSIN ST
BONITA SPRINGS FL 34135

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

Required Signature/Registered Agent — Date: 3-14-11

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.

Required Signature/Incorporator — Date: 3-14-11

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