

P11000026539

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

immigration and tax services, inc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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3/16/2011

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DIVISION OF CORPORATIONS

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11 MAR 16 PM 3:55
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

③

H11000069127

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 SUPPLY)

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.

H11000069127

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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:

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 Name and Title: _____
Address: 27670 WISCONSIN ST Address: _____
BONITA SPRINGS FL 34135

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

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:

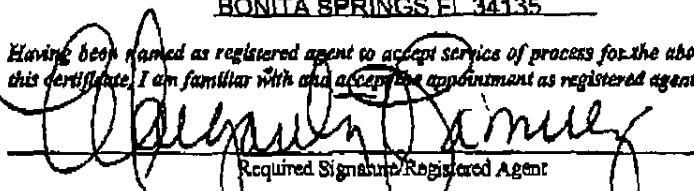
Name: MARGARITA RAMIREZ
Address: 27670 WISCONSIN ST
BONITA SPRINGS FL 34135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

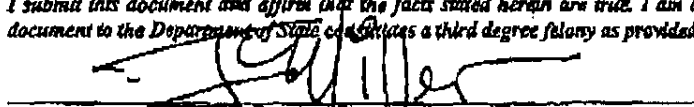
Name: JASMIN MILLER
Address: 27670 WISCONSIN ST
BONITA SPRINGS FL 34135

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

3-14-11
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.


Required Signature/Incorporator

3-14-11
Date

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FILED
MAR 16 PM 3:55
CLERK OF STATE
TALLAHASSEE, FLORIDA