

P/10000276 97

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

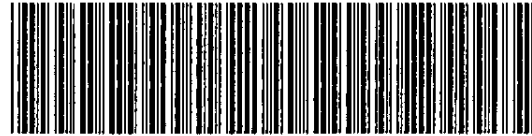
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/07/11--01007--018 **87.50

FILED
11 MAR 17 AM 8:52
SECRET OF STATE
TALLAHASSEE, FLORIDA

K 03/22/11

W11/ - 13143



RECEIVED
11 MAR 17 PM 12:28

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 8, 2011

FLORA LEE WAYNE
7713 SUNDOWN CT.
HUDSON, FL 34667

SUBJECT: THE TAX LINK, INC.
Ref. Number: W11000013143

FILED
11 MAR 17 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE TAX LINK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 011A00005635

850 245 6052 - 3/14/11 Jessica said, "Florida Tax Link, Inc." would be acceptable.

850 245 6949 3/14/11 1:30 Becky, "The Florida Tax Link, Inc." is OK. She'll send letter back today.

COVER LETTER

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

SUBJECT: THE TAX LINK 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: (THE TAX LINK, INC)
FLORA LEE WAYNE
Name (Printed or typed)

7713 SUNDOWN CT.
Address

HUDSON FL 34667
City, State & Zip

727 318 8269
Daytime Telephone number

FWAYNE@TAMPABAY.RR.COM
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: ^{FLORIDA} THE TAX LINK, INC. = ^{NEW:} THE FLORIDA TAX LINK, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

7713 SUN DOWN CT.
HUDSON, FL 34667

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE BUSINESS ^{OF} ACCOUNTING WRITE-UP + TAX SERVICES, COMMON
TO AN PUBLIC ACCOUNTING (NON CERTIFIED) BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FLORA LEE WAYNE PRES.
Address: 7713 SUNDOWN CT.
HUDSON FL 34667

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

FILED
11 MAR 17 AM 8:52
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: FLORA LEE WAYNE
Address: 7713 SUNDOWN CT.
HUDSON FL 34667

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FLORA LEE WAYNE
Address: 7713 SUNDOWN CT.
HUDSON FL 34667

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

Flora Lee Wayne

Required Signature/Registered Agent

2/28/11

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.

Flora Lee Wayne

Required Signature/Incorporator

2/28/11

Date