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11 APR 21 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 04/22/11

COVER LETTER

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

SUBJECT: K. L. 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ALTON L. KENNEDY JR.
Name (Printed or typed)

463 N. LAUREL DRIVE
Address

MARGATE, FL 33063
City, State & Zip

215-514-8588
Daytime Telephone number

alton112505@aol.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 K. L. TAX SERVICES INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
463 N. LAUREL DRIVE
MARGATE, FL 33063

Mailing address, if different is:
463 N. LAUREL DRIVE
MARGATE, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
INCOME TAX PREPARER SERVICE

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ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALTON L. KENNEDY JR. (DIRECTOR) Name and Title: NATASHA LEGENDRE (PRESIDENT)
Address: 463 N. LAUREL DRIVE Address: 463 N. LAUREL DRIVE
MARGATE, FL 33063 MARGATE, FL 33063

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: ALTON L. KENNEDY JR.
Address: 463 N. LAUREL DRIVE
MARGATE, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALTON L. KENNEDY JR.
Address: 463 N. LAUREL DRIVE
MARGATE, FL 33063

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

Alton Kennedy Required Signature/Registered Agent 4/12/11 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.

Alton Kennedy Required Signature/Incorporator 4/12/11 Date