

P11000050891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

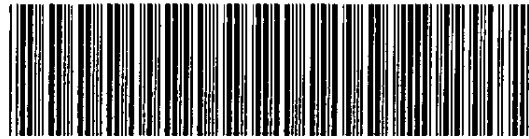
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/02/11--01051--002 \*\*78.75

FILED  
11 MAY 26 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRB  
5/31

111 711645

## COVER LETTER

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

SUBJECT: **KRAMER TAX CONSULTANTS LTD.**  
(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: **DEBORAH S. KRAMER**  
Name (Printed or typed)  
**2531 ROYAL PINES CIRCLE #F**  
Address  
**CLEARWATER, FL 33763**  
City, State & Zip  
**727-559-1510**  
Daytime Telephone number  
**KRAMER1040@MSN.COM**  
E-mail address: (to be used for future annual report notification)

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



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

11 MAY 26 AM 10:40  
DIVISION OF CORPORATIONS

May 3, 2011

DEBORAH S KRAMER  
2531 ROYAL PINES CIRCLE  
#F  
CLEARWATER, FL 33763

SUBJECT: KRAMER TAX CONSULTANTS LTD.  
Ref. Number: W11000024645

We have received your document for KRAMER TAX CONSULTANTS LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 011A00010766

RECEIVED  
DIVISION OF CORPORATIONS  
MAY 11 2011  
11:00 AM  
11000024645  
KRAMER TAX CONSULTANTS LTD.  
2531 ROYAL PINES CIRCLE  
CLEARWATER, FL 33763  
#F

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:

**KRAMER TAX CONSULTANTS INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2531 ROYAL PINES CIRCLE #F  
CLEARWATER, FL 33763

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**PROFESSIONAL  
CORPORATION**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DEBORAH S. KRAMER  
Address: 2531 ROYAL PINES CIRCLE #F  
CLEARWATER, FL 33763

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: DEBORAH S. KRAMER  
Address: 2531 ROYAL PINES CIRCLE #F  
CLEARWATER, FL 33763

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DEBORAH S. KRAMER  
Address: 2531 ROYAL PINES CIRCLE #F  
CLEARWATER, FL 33763

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

Deborah S. Kramer  
Required Signature/Registered Agent

4-27-11  
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.

Deborah S. Kramer  
Required Signature/Incorporator

4-27-11  
Date

FILED  
11 MAY 26 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA