

P11000055704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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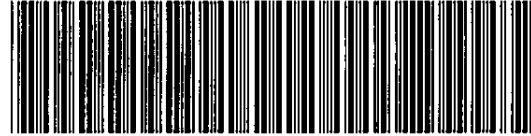
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/13/11--01010--009 **28.75

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11 JUN 13 AM 11:48
SECURE PAY UP STATE
TALLAHASSEE, FLORIDA

K 06/15/11

COVER LETTER

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

SUBJECT: Kings Accounting & Tax Service 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: Julius L Smith/ Sherry Wade
Name (Printed or typed)

223 Magellan Cir
Address

Minneola FL, 34715
City, State & Zip

(352)404-8895
Daytime Telephone number

Kingsaccounting @Yahoo.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: Kings Accounting & Tax Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
223 magellan Cir
Minneola FL 34715

Mailing address, if different is:
Kings Accounting & Tax Service Inc.
P.O.Box 2199
Minneola, FL 34755

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Transaction of any or all lawful business for which corporations may be incorporated under the florida business corporation act.

ARTICLE IV SHARES

The number of shares of stock is 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julius L. Smith-President/Coo
Address: 223 Magellan Cir
Minneola, FL 34715

Name and Title: _____
Address: _____

Name and Title: Sherry Wade Vice-President
Address: 223 magellan Cir
Minneola, FL 34715

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: Julius L. Smith
Address: 223 Magellan Cir
Minneola, FL 34715

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julius L. Smith
Address: 223 magellan Cir
Minneola, FL 34715

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

6/10/11
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

6/10/11
Date

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JUN 13 AM 11:48
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA