

P11000093029

(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



500213488135

10/24/11--01030--018 **128.75

FILED
11 OCT 24 PM 3:18
TALLAHASSEE, FLORIDA

10/25/11

COVER LETTER

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

SUBJECT: TAX ADVISORY GROUP INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

TAX ADVISORY GROUP INC

Name (printed or typed)

9723 MAGNOLIA BLOSSOM DR

Address

TAMPA, FL 33626

City, State & Zip

813-443-0879

Daytime Telephone Number

READBOOKKEEPING@YAHOO.COM

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, MATTHEW STRONG, PRESIDENT,
(Name) (Title)

of TAX ADVISORY GROUP, INC a foreign corporation,
(Corporation Name)

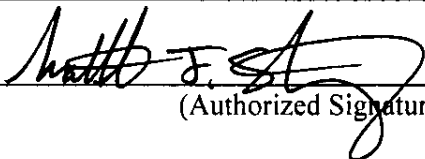
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 12/14/, 2007.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was COMMONWEALTH OF KENTUCKY.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was TAX ADVISORY GROUP INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is TAX ADVISORY GROUP INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was COMMONWEALTH OF KENTUCKY.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of TAX ADVISORY GROUP INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 20th day of OCTOBER, 2011.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED
11 OCT 24 PM 3:48
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

TAX ADVISORY GROUP INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

9723 MAGNOLIA BLOSSOM DRIVE
TAMPA, FL 33626

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY AN ALL BUSINESS TO DO WITH FINANCIAL PLANNING AND TAX ADVISORY.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

600

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

MATTHEW FRED STRONG , PRESIDENT
9723 MAGNOLIA BLOSSOM DR
TAMPA, FL 33626

OFFICE OF THE CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

11 OCT 24 PM 2:49

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

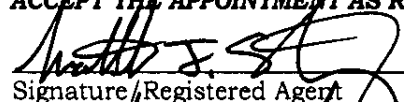
MATTHEW F. STRONG
9723 MAGNOLIA BLOSSOM DR
TAMPA, FL 33626

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

MATTHEW F. STRONG
9723 MAGNOLIA BLOSSOM DR
TAMPA, FL 33626

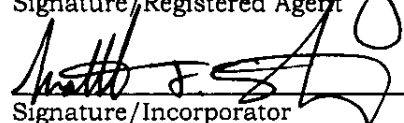
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/Registered Agent

10/20/11

Date



Signature/Incorporator

10/20/11

Date