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2011 DEC - 1 PM 4: 24  
TALLAHASSEE, FL 32304

T. Burch DEC 2 2011

## COVER LETTER

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

SUBJECT: LLS Tax Solutions 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: Linda L Scott

Name (Printed or typed)

3545 St. Johns Bluff Road South, Suite 1 # 310

Address

Jacksonville, Florida 32224

City, State & Zip

904-642-6200

Daytime Telephone number

llstaxcpa@gmail.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: LLS Tax Solutions Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3545 St. Johns Bluff Road South,  
Suite 1 # 310  
Jacksonville, FL 32224

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Provide tax and arbitrage rebate services.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Linda L. Scott, President  
Address: 2948 Sans Pareil Street  
Jacksonville, Florida 32246

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: Erica K. Ervin  
Address: 7111 North Blue Angel Parkway, Apt. 4108  
Pensacola, Florida 32526

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Linda L. Scott  
Address: 2948 Sans Pareil Street  
Jacksonville, FL 32246

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

Erica K. Ervin

Required Signature/Registered Agent

11-28-2011

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.

Linda L. Scott

Required Signature/Incorporator

11/28/2011

Date

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