

P11000103653

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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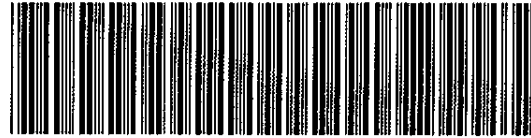
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 06 2011

COVER LETTER

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

SUBJECT: HODA TAX AND MULTI 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: DAVID JEAN-JACQUES

Name (Printed or typed)

2240 SW EMBERS TERR

Address

CAPE CORAL, FLORIDA 33991

City, State & Zip

239-258-6063

Daytime Telephone number

david.jeanjacques@yahoo.com

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

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TALLAHASSEE, FLORIDA

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

HODA TAX AND MULTISERVICES INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2240 SW EMBERS TER
CAPE CORAL, FLORIDA 33991

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY and ALL LAWFULL SERVICES

ARTICLE IV SHARES

The number of shares of stock is **500@** a share for a dollar

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	DAVID JEAN- JACQUES .PRESIDENT	Name and Title:	
Address:	2240 SW EMBERS TER	Address:	
	CAPE CORAL, FLORIDA		
	33991		

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: **DAVID JEAN-JACQUES**
Address: **2240 SW EMBERS TER, FLORIDA**
33991


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DAVID JEAN-JACQUES**
Address: **2240 SW EMBERS TER**
CAPE CORAL, FLORIDA 33991

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TALLAHASSEE, FLORIDA


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

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.



Required Signature/Incorporator

11/28/2011
Date