

P12000049735

(Requestor's Name)

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☐ PICK-UP

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Special Instructions to Filing Officer:

~~W12 25554~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: BEST RATE TAX SERVICES
(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: JEAN M. VITAL
Name (Printed or typed)

2204 PORTOFINO AVENUE
Address

HOMESTEAD FL 33033
City, State & Zip

(305) 878-8874
Daytime Telephone number

JMVital10@ymail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2012

JEAN M. VITAL
2204 PORTOFINO AVENUE
HOMESTEAD, FL 33033

SUBJECT: BEST RATE TAX SERVICES
Ref. Number: W12000025554

We have received your document for BEST RATE TAX SERVICES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the corporation in Article I.

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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 912A00013791

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: BEST RATE tax Services inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2204 Portofino Ave
Homestead FL 33033

Mailing address, if different is:

22004 Portofino Avenue
Homestead FL 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INCOME TAX Purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEAN M. VITAL (President) Name and Title: 1
Address: 2204 Portofino Avenue Address: _____
Homestead FL 33033 _____

Name and Title: EMMANUEL VITAL (Vice Pres) Name and Title: _____
Address: Same Address: _____

Name and Title: Bertine Dorvil (Secretary) Name and Title: _____
Address: Same Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JEAN M. VITAL
Address: 2204 Portofino Avenue
Homestead FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEAN M. VITAL
Address: 2204 Portofino Avenue
Homestead FL 33033

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

5/2/12
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

5/2/12
Date