

P12000063846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

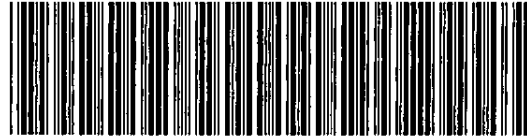
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 JUL 20 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 23 2012

COVER LETTER

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

SUBJECT: Phoenix Tax 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: William J. Haars

Name (Printed or typed)

4743 Summerbridge Circle

Address

Leesburg, Fl 34748

City, State & Zip

352-504-0352

Daytime Telephone number

whaars@hotmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Phoenix Tax Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4743 Summerbridge Circle
Leesburg, FL 34748

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tax Preparation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William J Haars - President Name and Title: _____
Address: 4743 Summerbridge Circle Address: _____
Leesburg, FL 34748

Name and Title: Judith B Haars - Office Manager Name and Title: _____
Address: 4743 Summerbridge Circle Address: _____
Leesburg, FL 34748

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: William J Haars
Address: 4743 Summerbridge Circle
Leesburg, FL 34748

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William J Haars
Address: 4743 Summerbridge Circle
Leesburg, FL 34748

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

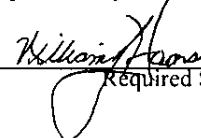


Required Signature/Registered Agent

07/18/2012

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

07/18/2012

Date

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TALLAHASSEE, FLORIDA