P/2000068666

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | · |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| , | | |

Office Use Only



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- 108/09/12

COVER LETTER

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

| SUBJECT: First Financial Tax Gro | up, Inc. |
|---|---|
| (PROPOSED CORPORA) | TE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| | |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and a check for: |
| , , , , , , , , , , , , , , , , , , , | • |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status |
| | ADDITIONAL COPY REQUIRED |
| FROM: Barry Kornfeld Name 433 Plaza Real, Suite #2 | (Printed or typed) |
| 455 Flaza Neal, Suite #2 | Address |
| Boca Raton, FL 33432 City, | State & Zip |
| 561-948-3600 Daytime To | elephone number |
| bkornfeld@firstfinancialta E-mail address: (to be used | AXGROUP.COM Tor future annual report notification) |

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE II PRINCIPAL OFFICE | | | | |
|--|--|-------------------------------|-------------------------------------|--|
| | Principal street address | Mailing | address, if different is: | |
| | 33 Plaza Real | | - t- t | |
| | oca Raton, FL 33432 | | | |
| | | | | |
| ARTICLE III | | | | |
| | hich the corporation is organized is: ment consulting | | | |
| tax and retire | ment consulting | | | |
| | | | | |
| | | | | |
| | SHARES | | | |
| The number of shar | res of stock is: 100 | | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTO | RS | | |
| | tle:Barry Kornfeld, President | Name and Title: | | |
| Address: | 433 Plaza Real, Suite #275 | Address: | | |
| | Boca Raton, Fl 33432 | | | |
| | | _ | | |
| Name and Ti | tle: | Name and Title: | | |
| Address: | | Address: | | |
| | | | | |
| | | | | |
| Nome and Ti | tle: | Name and Title | | |
| Address: | ue | Address: | | |
| real obs. | | | | |
| | | | | |
| ADDICE D TE | | | ALL 12 | |
| | REGISTERED AGENT rida street address (P.O. Box NOT acceptable) o | of the registered egent is: | | |
| Name: | Barry Kornfeld | 2 0 | 77 477.00 | |
| Address: | 5929 NW 84th Terrace | | CO Table | |
| | Parkland, FL 33067 | | 177 | |
| A DATAL B FIFT | TIMODROD AMOR | | | |
| | INCORPORATOR ress of the Incorporator is: | | | |
| Name: | Barry Kornfeld | | and a second | |
| Address: | 5929 NW 84th Terrace | | | |
| | Parkland, FL 33067 | | • | |
| | , | _ | | |
| laving been name | d as registered agent to accept service of proce | ss for the above stated corp | poration at the place designated in | |
| nis certificate, i an | n familiar with and accept the appointment as re | gistered agent and agree to | act in this capacity | |
| 14 | 201 //2 1 | | 0/0/0040 | |
| | | | 8/2/2012 | |
| , | Required Signature/Registered Agent | | Date | |
| | ment and affirm that the facts stated herein ar | re true. I am awaro that the | e false information submitted in | |
| submit this docu | John Mi | | e e e e e | |
| submit this docus ocument to the De | partment of State constitutes a third degree felo | ny as provided for in s.81/.1 | JJ, r.a. | |
| submit this docur ocument to the De | partment of State constitutes a third degree felo | ny as provided for in s.81/.1 | 33, F.S. | |
| submit this docustions to the De | partment of State constitutes a third degree felo. The Market of State constitutes a third degree felo. | ny as provided for in s.81/.1 | 8/2/2012 | |