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(Re	equestor's Name)	.
(Address)		
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(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
14		

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12 SEP 24 PM 4: 0!

SECRETARY OF STATE
FALLAMASSEE OF STATE

9-2572

COVER LETTER

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

SUBJECT: ED TAX & MULTIPLE	SERVICES INC.
(PROPOSED CORPOR	ATE NAME – MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	rticles 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: EDWICH PIERRE	ne (Printed or typed)
10141 SW 9 LANE	
10111 044 0 2/ 1112	Address
HOLLYWOOD FL 330	25 y, State & Zip
305-491- 7176 Daytime	Telephone number
EDWICHPIERRE@YAI	HOO.COM sed for future annual report notification)

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



RECEIVED 12 SEP 24 PM 3: 40

FLORIDA DEPARTMENT OF STATE OF

September 11, 2012

EDWICH PIERRE 10141 SW 9 LANE HOLLYWOOD, FL 33025

SUBJECT: ED TAX & MULTIPLE SERVICES INC.

Ref. Number: W12000046974

We have received your document for ED TAX & MULTIPLE SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 812A00022915

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

ARTICLE I The name of the	NAME ED TAX & MULTIPL corporation shall be:	e services inc.
ARTICLE II	PRINCIPAL OFFICE	NA III TO LICE TO A CONTROL OF THE C
	Principal street address	Mailing address, if different is:
	3320 S UNIVERSITY DRIVE MIRAMAR FL. 33025	10141 SW 9 LANE HOLLYWOOD FL 33025
	MIRAMAR FL, 33025	HOLLTWOOD PL 33023
ARTICLE III	PURPOSE	
	which the corporation is organized is:	
	COME TAX , FAX, NOTARY PUBLI	C ,PHONE PAYMEN I
BILL PAY,	REAL ESTATE	
ARTICLE IV	SHARES	
The number of s	hares of stock is:100 SHARE	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>tors</u>
Name and		Name and Title:
Address:	3320 S UNIVERSITY DR	
	MIRAMAR FL. 33025	
		N 1774
Name and Address:	3320 S UNIVERSITY DR	Name and Title:
Address:	HOLLYWOOD FL. 33025	
Name and	Title: JEAN NANSKY PIERRE /SECRET	ARY Name and Title:
Address:	33025 UNIVERSITY DRIVE	
	HOLLYWOOD FL 33025	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	EDWICH PIERRE	
Address:	10141 SW 9 LANE	
	HOLLYWOOD FL, 33025	
ARTICLE VII	INCORPORATOR	
	address of the Incorporator is:	- Friesch PIERRE
Name:	FO TAX & MULTIPLE SERVICE	INIUIS (1) 9 LANE
Address:	3320 S UNIVERSITY DR — MIRAMAR FL,33025 —	EDWICH PIERRE 101415,W 9 LANE HOTIYWOOD FC 33005
Havina hoon ne		rocess for the above stated corporation at the place designated in
this certificate, I	I am familiar with and pecept tife appointment a	s registered agent and agree to act in this capacity
	(Xmall Cook	00/04/2012
	Required Stanfardre/Registered Agent	09/04/2012 Date
	ocument and affirm that the facts stated herein Department of State constitutes f ithird degre e)	n are true. I am aware that the fulse information submitted in a Telony as provided for in s.817.155, F.S.
		y - 1yy
	SIMMUND,	<i>W</i> 09/04/2012
	Require Standard Incorporator	Date