

# P12000093777

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000267266 3)))



H120002672663ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC.  
Account Number : I20110000056  
Phone : (305)823-9292  
Fax Number : (305)824-0703

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ATCGIC@yahoo.com

## FLORIDA PROFIT/NON PROFIT CORPORATION JUST LIKE FAMILY HOME SERVICES, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV -9 AM 10:57

RECEIVED  
12 NOV -9 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Ps 11/13/12



November 9, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
ASSOCIATES TAX CONSULTANTS GROUP, INC.

SUBJECT: JUST LIKE FAMILY HOME SERVICES, CORP.  
REF: W12000056885

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the name of the corporation for Article I.

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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000267266  
Letter Number: 712A00027262

H120002672663

Florida Department of State

Attention: New Filings Section

Date: NOVEMBER 08, 2012

To whom it may concern:

This is to advise you that the owners of JUST LIKE FAMILY HOME SERVICES, CORP. Of Doc # P11000086140 Are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

✓ *ICruz*

ISABEL CRUZ Incorporator

H120002672663

H120002672663

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 NOV -9 AM 10:57

**ARTICLE I NAME**

The name of the corporation shall be: **JUST LIKE FAMILY HOME SERVICES, CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

625 W 70 PL

HIALEAH FL 33014

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **600 SHARES**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CRUZ, ISABEL

Address: 825 W 70 PL

HIALEAH FL 33014

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: CRUZ, ISABEL

Address: 625 W 70 PL

HIALEAH FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CRUZ, ISABEL

Address: 625 W 70 PL

HIALEAH FL 33014

*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*

*[Signature]*

Required Signature/Registered Agent

11/08/12

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.*

*[Signature]*

Required Signature/Incorporator

11/08/12

Date

H120002672663