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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 28 AM 11:22

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J. Shivers NOV 29 2012

COVER LETTER

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

SUBJECT: **TAX PROS OF HOLLYWOOD 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **TAMARA ALEXIS**
Name (Printed or typed)
11120 SPRINGFIELD PLACE
Address
HOLLYWOOD, FL 33026
City, State & Zip

Daytime Telephone number
tamara_alexis@ymail.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: **TAX PROS OF HOLLYWOOD INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
11120 SPRINGFIELD PLACE
HOLLYWOOD, FL 33026

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PROVIDING TAX SERVICES**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TAMARA ALEXIS/ OWNER
Address: 11120 SPRINGFIELD PLACE
HOLLYWOOD, FL 33026

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: TAMARA ALEXIS
Address: 11120 SPRINGFIELD PLACE
HOLLYWOOD, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TAMARA ALEXIS
Address: 11120 SPRINGFIELD PLACE
HOLLYWOOD, FL 33026

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

Tamara Alexis
Required Signature/Registered Agent

11/24/12
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.

Tamara Alexis
Required Signature/Incorporator

11/24/12
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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