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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

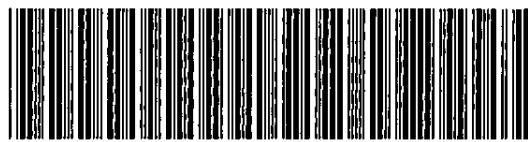
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shavers 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      & Certificate of  
                  Status      Status

**ADDITIONAL COPY REQUIRED**

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

12 NOV 23 AM 11:22  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Daytime Telephone number

tamara\_alexis@ymail.com

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

**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

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

Address: 11120 SPRINGFIELD PLACE

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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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: TAMARA ALEXIS

Address: 11120 SPRINGFIELD PLACE

\_\_\_\_\_

\_\_\_\_\_

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TAMARA ALEXIS

Address: 11120 SPRINGFIELD PLACE

\_\_\_\_\_

\_\_\_\_\_

*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