

P120000097894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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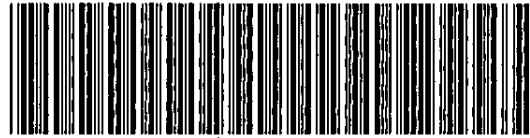
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11/29

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: **TAX RABBIT 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 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

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

FROM: **Shekia Sims**

Name (Printed or typed)

**36 NE 45th ST**

Address

**Miami, FL33137**

City, State & Zip

**(786)317-4103**

Daytime Telephone number

**sshekia@rocketmail.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** TAX RABBIT INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
36 NE 45th ST.  
Miami FL 33137

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to provide tax services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Shekia Sims/ Owner</u>	Name and Title: _____
Address: <u>36 NE 45th ST</u>	Address: _____
<u>Miami FL 33137</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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: Shekia Sims  
Address: 36 NE 45th ST  
Miami FL 33137

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shekia Sims  
Address: 36 NE 45th ST  
Miami FL 33137

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*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*

Shekia Sims

Required Signature/Registered Agent

11/12/12  
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.*

Shekia Sims

Required Signature/Incorporator

11/26/12  
Date