

712000098147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

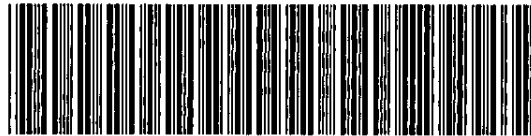
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/29/12--01009--007 **70.00

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12 NOV 29 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 30 2012

COVER LETTER

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

SUBJECT: **King of Taxes 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: **Morancy Calixte**

Name (Printed or typed)

1781 Northwest 207th Street

Address

Miami Gardens, FL 33056

City, State & Zip

Daytime Telephone number

morancys@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: **King of Taxes Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1781 Northwest 207th Street
Miami Gardens, FL 33056

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Tax Services**

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Morancy Calixte/ President
Address: 1781 Northwest 207th Street
Miami Gardens, FL 33056

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:

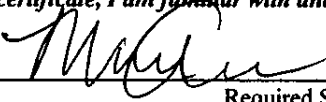
Name: Morancy Calixte
Address: 1781 Northwest 207th Street
Miami Gardens, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Morancy Calixte
Address: 1781 Northwest 207th Street
Miami Gardens, FL 33056

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



Required Signature/Registered Agent

11/25/12

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.



Required Signature/Incorporator

11/25/12

Date

12 NOV 29 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED