

MD-5/22

## COVER LETTER

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

SUBJECT: W FAIR TAX & MULTI SERVICES, 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: WILGUINS JOSEPH

Name (Printed or typed)

1949 NE 172nd STREET UNIT # 2

Address

N. MIAMI BEACH FL, 33162

City, State & Zip

786-651-7569

Daytime Telephone number

JOSEPHWILGUINS1@GMAIL.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:

W FAIR TAX & MULTI SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

714 WEST DIXIE HWY

NORTH MIAMI FL, 33161

Mailing address, if different is:

1949 NE 172nd STREET

N. MIAMI BEACH FL, 33162

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PREPARE INCOME TAX AND TO  
PROVIDE OTHER SERVICES.

FILED  
13 MAY 21 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

50

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

Name and Title:

WILGUINS JOSEPH

Name and Title:

Address

1949 NE 172nd STREET

Address:

N. MIAMI BEACH FL, 33162

PRESIDENT

Name and Title:

KETEL JOSEPH

Name and Title:

Address

376 NW 38TH WAY

Address:

DEERFIELD BEACH FL, 33442

VP

Name and Title:

CARMELLE TELFORT

Name and Title:

Address

16857 NE 18th AVE

Address:

N. MIAMI BEACH FL, 33162

TREASURER

(conti.)

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: WILGUINS JOSEPH  
Address: 1949 NE 172nd STREET  
N. MIAMI BEACH FL, 33162

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: WILGUINS JOSEPH  
Address: 1949 NE 172nd STREET  
N. MIAMI BEACH FL, 33162

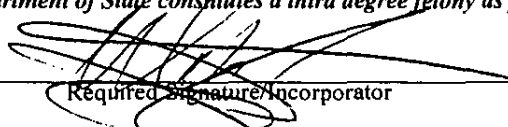
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/14/2013

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

05/14/2013

Date