

P13000065508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

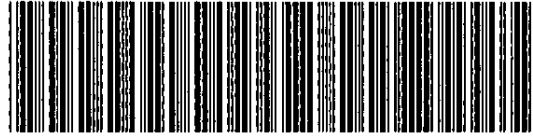
(Business Entity Name)

(Document Number)

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

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08/05/13--01007--021 \*\*78.75

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13 AUG -5 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT: F & P 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      ☒ \$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: WILFRID PRESENT**  
Name (Printed or typed)  
**26347 SW 139 PL APT 2**  
Address  
**HOMESTEAD FL 33032**  
City, State & Zip  
Daytime Telephone number  
**786-234-9761**  
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:

**F & P TAX & MULTI SERVICES INC**

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**26347 SW 139 PL APT 2**

**HOMESTEAD FL 33032**

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Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**INCOME TAX SERVICE AND**

**TELEPHONE, MONEY TRANSFER, NOTARY, IMMIGRATION SERVICE,  
DOCUMENT TRANSLATION**

**ARTICLE IV SHARES**

The number of shares of stock is:

**80**

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

Name and Title: **WILFRID PRESENT P**

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

Address **26347 SW 139 PL APT 2  
HOMESTEAD FL 33032**

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

Name and Title: **FREDNA PRESENT V/P**

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

Address **26347 SW 139 PL APT 2  
HOMESTEAD FL 33032**

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

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

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

Address \_\_\_\_\_

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

FILED

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	13 AUG -5 PM 4:41
_____	SECRETARY OF STATE
_____	TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

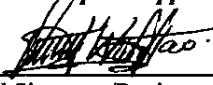
Name: WILFRID PRESENT  
Address: 26347 SW 139 PL APT 2  
HOMESTEAD FL 33032

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

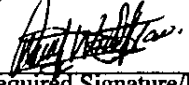
Name: WILFRID PRESENT  
Address: 26347 SW 139 PL APT 2  
HOMESTEAD FL 33032

*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

08/02/13  
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

08/02/13  
Date