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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 10 PM 4:32

Ps 101113

COVER LETTER

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

SUBJECT: **PS TAX & GLOBLE 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: **PHANUEL ST VIL**
Name (Printed or typed)
1000 WILLIAM ISLAND BLVD APT 3010
Address
ADVENTURA FL, 33160
City, State & Zip
954-709-5717
Daytime Telephone number
PHANUSTV@HOTMAIL.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:

PS TAX & GLOBEL SERVICES INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

795 NW 27 AVE

FORT LAUDERDALE FL 33311

Mailing address, if different is:

1000 WILLIAM ISLAND BLVD APT 3010

A VENTURA FL 33160

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAX PREPARATION AND MULTIPLE SERVICE

AND PAGING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PHANUEL ST VIL PRESIDENT**

Name and Title: _____

Address

1000 WILLIAM ISLAND BLVD

Address: _____

APT 3010

A VENTURA FL 33160

Name and Title: **NICOLE PANICO V/P**

Name and Title: _____

Address

1000 WILLIAM ISLAND DR APT 3010

Address: _____

A VENTURA FL 33160

Name and Title: **EMANIA ST VIL SECRETARY**

Name and Title: _____

Address

2750 SUMMERSET DR APT 416

Address: _____

LAUDERDALE LAKES FL 33326

(cont.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

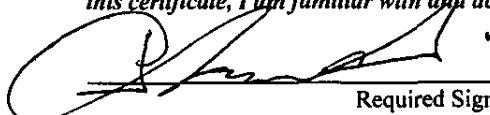
Name: PHANUEL ST VIL
Address: 1000 WILLIAM ISLAND DR APT 3010
AVENTURA FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PHANUEL ST VIL
Address: 1000 WILLIAM ISLAND DR APT 3010
AVENTURA FL 33160

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

10/07/2013

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

10/07/2013

Date