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(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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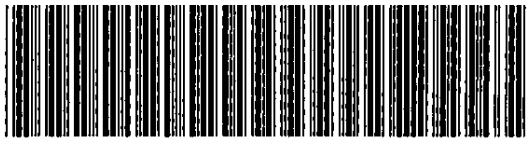

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COVER LETTER

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

SUBJECT: AEM-EA TAX & FINANCIAL 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: ANITA E MANUEL
Name (Printed or typed)

44 COCOANUT ROW T4
Address

PALM BEACH, FL 33480
City, State & Zip

561-371-4097
Daytime Telephone number

anita@pbtaxgroup.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: AEM-EA TAX & FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

44 COCOANUT ROW T4

PALM BEACH, FL 33480

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Professional Corporation to provide Tax and Financial Services and any other legal services.

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ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anita E. Manuel, Pres.
Address: 44 Cocoanut Row T4, Palm Beach, FL 33480

Name and Title:
Address:

Name and Title: Anita E. Manuel, Sec.
Address: 44 Cocoanut Row T4, Palm Beach, FL 33480

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(conti.)

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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: Roland C. Manuel

Address: 44 Cocoanut Row T5

Palm Beach, FL 33480

ARTICLE VII INCORPORATOR

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

Name: Anita E. Manuel

Address: 44 Cocoanut Row T4

Palm Beach, FL 33480

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

_____ 12/9/13

Required Signature/Registered Agent — 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.

_____ 9 Dec 2013

Required Signature/Incorporator — Date