

PI4000017729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

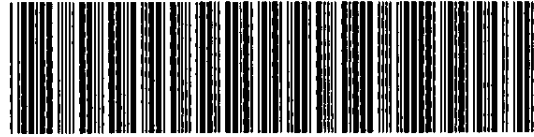
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: All Tax Resolution 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: All Tax Resolution Services, Inc,

Name (Printed or typed)

5062 N Dixie Highway

Address

Fort Lauderdale, FL 33334

City, State & Zip

(954) 283-9280

Daytime Telephone number

enickey36@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: All Tax Resolution Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5062 N Dixie Highway
Fort Lauderdale, FL 33334

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide services to individuals, corporations or
other entities that have unresolved tax issues with the taxing
authorities. This would include Income Tax returns, Payroll tax
problems, sales tax issues, Corporate Tax returns, Non-profit
returns, any and all other tax issues bank levies, wage garnishments
etc.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edwin S. Nickey, Pres. Name and Title: _____

Address 1547 SW 22nd Way Address: _____
Deerfield Beach, FL
33442

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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: Edwin S. Nickey

Address: 1547 SW 22nd Way

Deerfield Beach, FL 33442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edwin S. Nickey

Address: 1547 SW 22nd Way

Deerfield Beach, FL 33442

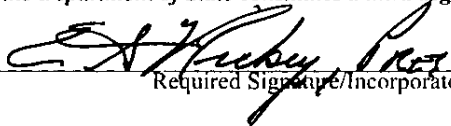
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature Registered Agent

2/12/14
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

2/12/14
Date