

P14000048911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

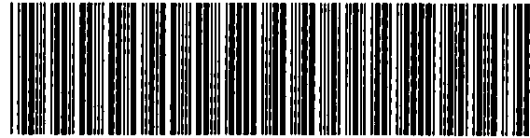
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/04/14--01010--005 \*\*70.00

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14 JUN -4 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R* 06/06/14

## COVER LETTER

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

SUBJECT: **E-FILER TAX SERVICES INCORPORATED**  
(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: **KWASI MALEZI**  
Name (Printed or typed)  
**105 NW 16 AVE**  
Address  
**POMPANO BEACH, FLORIDA 33069**  
City, State & Zip  
**954-934-8694**  
Daytime Telephone number  
**KMALEZI@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: E-FILER TAX SERVICES INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

105 NW 16 AVE

POMPANO BEACH, FLORIDA 33069

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROVIDE PERSONAL AND BUSINESS TAX AND BOOK KEEPING SERVICES.

**ARTICLE IV SHARES**

The number of shares of stock is: 1 MILLION

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

Name and Title: KWASI MALEZI /CEO Name and Title: \_\_\_\_\_

Address: 105 NW 16 AVE Address: \_\_\_\_\_

POMPANO BEACH, FLORIDA 33069

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

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

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

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

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TALLAHASSEE, FLORIDA

(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: KWASI MALEZI  
Address: 105 NW 16 AVE  
POMPANO BEACH, FLORIDA 33069

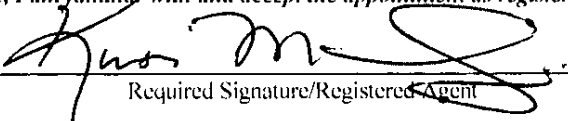
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KWASI MALEZI  
Address: 105 NW 16 AVE  
POMPANO BEACH, FLORIDA 33069

*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

6/1/2014  
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

6/1/2014  
Date