

P/XXXX69308

(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



800262287518

08/14/14--01008--011 **87.50

FILED

2014 AUG 14 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **Accounting & Tax Wise 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: **Accounting & Tax Wise Inc.**

Name (Printed or typed)

5457 Sandhurst Circle South

Address

Lake Worth, Florida 33463

City, State & Zip

561-964-8678

Daytime Telephone number

ssrai57@yahoo.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: Accounting & Tax Wise Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5457 Sandhurst Circle South

Lake Worth, Florida 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Accounting and Tax Service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sukhvinder S Rai CEO

Address: 5457 Sandhurst Circle South

Lake Worth

Florida 33463

Name and Title: Raj Pal Kaur President

Address: 5457 Sandhurst Circle South

Florida 33463

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
2014 AUG 14 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: Raj Pal Kaur

Address: 5457 Sandhurst Circle South
Lake Worth, Florida 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sukhvinder S Rai

Address: 5457 Sandhurst Circle South
Lake Worth, Florida 33463

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

08/11/2014

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

08/11/2014

Date