

P14 000 75918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

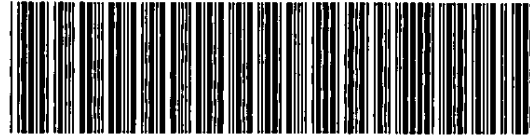
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B2 9/15/14



800264225788

09/12/14--01004--016 **70.00

RECEIVED
DIVISION OF CORPORATIONS
SEP 12 PM 2:38

COVER LETTER

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

SUBJECT: **ACCURATE TAX & MULTI 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: **MELIDIEU HENRI**
Name (Printed or typed)
630 SEAPORT TER SE
Address
PALM BAY FL, 32909
City, State & Zip
321-914-7035
Daytime Telephone number
MLDHENRI@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: ACCURATE TAX & MULTI SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

630 SEAPORT TER SE

PALM BAY FL, 32909

Mailing address, if different is:

630 SEAPORT TER SE

PALM BAY FL, 32909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PREPARE TAX FOR INDIVIDUALS
AND MULTIPLE SERVICES SUCH AS PAGING ECT!!!

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELIDIEU HENRI

Address: 630 SEAPORT TER SE

PALM BAY FL, 32909

PRESIDENT

Name and Title: FLOREMISE HENRI

Address: 630 SEAPORT TER SE

PALM BAY FL, 32909

VP

Name and Title: GREGORY HENRI

Address: 630 SEAPORT TER SE

PALM BAY FL, 32909

TREASURER

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

RECEIVED
DIVISION OF REVENUE
SEP 12 PM 2:38

(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: MELIDIEU HENRI

Address: 630 SEAPORT TER SE
PALM BAY FL, 32909

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MELIDIEU HENRI

Address: 630 SEAPORT TER SE
PALM BAY FL, 32909

SEP 12 PM 2:38
RECEIVED
DIVISION OF CORPORATE AFFAIRS

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

Melidieu Henri
Required Signature/Registered Agent

09/10/2014
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.

Melidieu Henri
Required Signature/Incorporator

09/10/2014
Date