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COVER LETTER

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

SUBJECT: EXPRESS TAX & GLOBAL SERVICES INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

ADDITIONAL COPY REQUIRED

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$\sumsymbol{\text{\$\}\$}\exitt{\$\tex

FROM: GUY CHARLESTIN

Name (Printed or typed)

1034 GARDENS LAKE CIRCLE APT 604

Address

IMMOKALEE FL 34142

City, State & Zip

239-324-3897

Daytime Telephone number

THONY.CHARLESTIN@YAHOO.COM

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	INCIPAL OFFICE Principal street address LAKE CIRCLE APT 604	Mailing address, if different is:	
IMMOKALEE	FL 34142		
IMMOKALEE	FL 34142	 	
ARTICLE III PUI The purpose for which	the corporation is organized is:	E TAX SERVICE AI	ND IMIGRATION
ARTICLE IV SH The number of shares o	ARES f stock is:	·	57
	TIAL OFFICERS AND/OR DIRECTOR	S	
name and 1 it	_{e:} GUY CHARLESTIN/PRESIDENT		
Address	le: GUY CHARLESTIN/PRESIDENT 1034 GARDENS LAKE CIRCLE APT 604	Name and Title:	
		Name and Title:	
	IMMOKALEE FL 34142	Name and Title:	
Address	1034 GARDENS LAKE CIRCLE APT 604 IMMOKALEE FL 34142 THONY G CHARLESTIN/VP 1034 GARDENS LAKE CIRCLE APT 604	Name and Title:Address:	
Address Name and Title	1034 GARDENS LAKE CIRCLE APT 604 IMMOKALEE FL 34142 THONY G CHARLESTIN/VP	Name and Title: Address: Name and Title:	
Address Name and Title Address	1034 GARDENS LAKE CIRCLE APT 604 IMMOKALEE FL 34142 THONY G CHARLESTIN/VP 1034 GARDENS LAKE CIRCLE APT 604	Name and Title: Address: Name and Title:	
Address Name and Title Address	IMMOKALEE FL 34142 THONY G CHARLESTIN/VP 1034 GARDENS LAKE CIRCLE APT 604 IMMOKALEE FL 34142	Name and Title: Address: Name and Title: Address:	

' Name an	d Title:	Name and Title:	
Address		Address:	
		 	
ARTICLE VI	REGISTERED AGENT	Marian Mariandan and the	
The <u>name and F</u> Name:	lorida street address (P.O. Box NOT acceptable) of GUY CHARLESTIN	the registered agent is:	
Address:	1034 GARDENS LAKE CIRCLE APT 604		表 表
	IMMOKALEE FL 34142		
ARTICLE VII	INCORPORATOR		
The name and ac	ddress of the Incorporator is:		Sec. On
Name:	GUY CHARLESTIN		St. A.
Address:	1034 GARDENS LAKE CIRCLE APT 604	-	
	IMMOKALEE FL 34142		
Having been nar this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	istered agent and agree to act in	this capacity
Xau	Required Signature/Registered Agent		9-12-14 Date
	cument and affirm that the facts stated herein are Department of State constitutes of hird degree felon	y as provided for in s.817.155, F.	<i>S</i> .
XCice	Required Signature/Incorporator		09-12-14 Date
/	,		