

P/400008119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

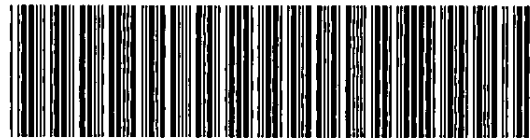
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700264718657

10/01/14--01004--015 \*\*70.00

FILED  
14 OCT - 1 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*a* 10/02/14



## COVER LETTER

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

SUBJECT: **EXPERT TAX & MORE, 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: **GEDELINE BORNELUS**  
Name (Printed or typed)  
**3626 KARIBA CT**  
Address  
**KISSIMME FL, 34746**  
City, State & Zip  
**407-460-3881**  
Daytime Telephone number  
**GEDELINEB@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: **EXPERT TAX & MORE, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**3626 KARIBA CT**

**KISSIMMEE FL, 34746**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **TO OPEN A TAX PREPARATION  
OFFICE AND OTHER SERVICES.**

**ARTICLE IV SHARES**

The number of shares of stock is: **50**

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

Name and Title: **GEDELINE BORNELUS**

Name and Title:

Address **3626 KARIBA CT**

Address:

**KISSIMMEE FL, 34746**

**PRESIDENT**

Name and Title: **JANET JACQUES V/P**

Name and Title:

Address **4425 MAPLE CHASE TRL**

Address:

**KISSIMMEE FL, 34758**

Name and Title: **ELVIS CAMILLE**

Name and Title:

Address **2590 JASMINE TRACE DR**

Address:

**KISSIMMEE FL, 34758**

FILED  
14 OCT - 1 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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: GEDELINE BORNELUS

Address: 3626 KARIBA CT

KISSIMMEE FL, 34746

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: GEDELINE BORNELUS

Address: 3626 KARIBA CT

KISSIMMEE FL, 34746

FILED  
14 OCT -1 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*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*

*GeDeline Bornelus*  
Required Signature/Registered Agent

08/27/2014

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.*

*GeDeline Bornelus*  
Required Signature/Incorporator

08/27/2014

Date