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TALLAHASSEE, FLORIDA  
CLERK OF STATE

## COVER LETTER

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

SUBJECT: **5 STAR 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **JANET JACQUES**  
Name (Printed or typed)

**4425 MAPLE CHASE TRL**  
Address

**KISSIMMEE FL, 34758**  
City, State & Zip

**407-705- 9112**  
Daytime Telephone number

**JANET\_JANVIER@LIVE.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** 5 STAR TAX & MULTI SERVICES, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
4425 MAPLE CHASE TRL.  
KISSIMMEE FL, 34758

Mailing address, if different is:

**ARTICLE III PURPOSE** TO PREPARE TAX FOR CUSTOMER  
The purpose for which the corporation is organized is: AND OTHER RELATED SERVICES.

**ARTICLE IV SHARES** 50  
The number of shares of stock is:

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

Name and Title: JANET JACQUES  
Address: 4425 MAPLE CHASE TRL.  
KISSIMMEE FL, 34758  
PRESIDENT

Name and Title:

Address:

Name and Title: RENEL JACQUES  
Address: 4425 MAPLE CHASE TRL.  
KISSIMMEE FL, 34758  
VP

Name and Title:

Address:

Name and Title: MICHAELLE DESRUISSEAU  
Address: 605 NOTRE DAME WAY  
KISSIMMEE FL, 34759  
TREASURER

Name and Title:

Address:

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(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: JANET JACQUES

Address: 4425 MAPLE CHASE TRL.

KISSIMMEE FL, 34758

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JANET JACQUES

Address: 4425 MAPLE CHASE TRL.

KISSIMMEE FL, 34758

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*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*

X Janet Jacques  
Required Signature/Registered Agent

09/23/2014

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.*

X Janet Jacques  
Required Signature/Incorporator

09/23/2014

Date