## P14000082106

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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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

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SUBJECT:

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



□ \$78.75 Filing Fee & Certificate of Status

<b>3</b> \$78.75
Filing Fee
& Certified Copy

Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

□ \$87.50

FROM: \_\_\_\_

Tete Tychsen Name (Pfinted or typed)

1695-1 Metropoliton Circle

Ilahassee, FL 32308 City, State & Zip

Daytime Telephone n <u>ddress:</u> (to be used for future annual report notification)

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

name of the corporation shall be: <u>BIG BEND</u> <u>AX</u> <u>HUC</u> . <u>TICLE II</u> <u>PRINCIPAL OFFICE</u> Principal <u>street</u> address Mailing address, if different is: <u>95-1 Metropolitan Circle</u> <u>CIIChASSEE, FL 32308</u>		FICLES OF INCOR th Chapter 607 and/or		5.S. (Profit)			
TICLE II  PRINCIPAL OFFICE    Principal street address  Mailing address, if different is:    25-1  Methopolitan_Circle    GI checkssee, FL_32308    TICLE III  PURPOSE    purpose for which the corporation is organized is:  TAX_Services    IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	EXTICLE I NAME e name of the corporation shall be:	g Benn	0 7	AX -	Inc.		<b>-</b>
Ticle III _ PURPOSE    purpose for which the corporation is organized is:    TAX	TICLE II PRINCIPAL OFFICE Principal <u>street</u> address					ent is:	
TICLE III _ FURPOSE  TAX							
Purpose for which the corporation is organized is:  IAX_SERVICES    Image: Service	allandssee, FL 32	308	·				
TICLE IV_SHARES  JOO    TICLE IV_SHARES  JOO    TICLE V_INITIAL OFFICERS AND/OR DIRECTORS    Name and Title:  Image: Andress:    TGL/Check  Tychsed    (fressilent)  Name and Title:    Address  1695-1    Name and Title:  Name and Title:    Address  Address:    TGL/checksce, FL_32308  Image: Address:    Name and Title:  Name and Title:    Name and Title:  Name and Title:    Name and Title:  Name and Title:	<b>TICLE III PURPOSE</b> e purpose for which the corporation is organiz	ed is: <u>TAX</u>	Serv	rices			
TICLE IV_SHARES    number of shares of stock is:		- <u> </u>	·		<b>3</b> 74		
TICLE IV_SHARES						0001	بىلەتتىغىدىن
TICLE IV SHARES  MOD    number of shares of stock is:  MOD    TICLE V INITIAL OFFICERS AND/OR DIRECTORS    Name and Title:  Tychsend (hessilent) Name and Title:    Address  1695-1    Metropoliticn Circle Address:    Tallchessee, FL 32308    Name and Title:							1.
TICLE IV SHARES  MOD    number of shares of stock is:  MOD    TICLE V INITIAL OFFICERS AND/OR DIRECTORS    Name and Title:  Tychsel (fresident) Name and Title:    Address  1695-1    Mame and Title:  Tallchessee, FL 32308    Name and Title:  Name and Title:    Address  Address:    Mame and Title:  Name and Title:    Name and Title:  Name and Title:    Name and Title:  Name and Title:    Name and Title:  Name and Title:					19 <u>1</u> 194		
Name and Title: <i>Picksev (Resident)</i> Address  1695-1 <i>Matropoliter Circle</i> Address: <i>Tallchessee FL</i> Name and Title:  Name and Title:    Name and Title:  Name and Title:    Address  Address:    Name and Title:  Name and Title:    Name and Title:  Name and Title:    Name and Title:  Name and Title:					CALLS A	<del>د</del> ن	· •
Address  /695-1  Metropolite A Circle  Address:    Tallchassee, FL 32308	TICLE V INITIAL OFFICERS AND	OVOR DIRECTORS					
Tallchassee, FL 32308    Name and Title:    Address    Address:    Address:    Name and Title:	Name and Title: Pete Tychsen	(President)	Name and Title	:			
Name and Title:  Name and Title:    Address  Address:							
Name and Title:  Name and Title:    Address  Address:	Tallchessee, H	2 32308	,	<u> </u>			
Address	<u> </u>						
Name and Title:	Name and Title:		Name and Title	:	<del>_</del> ·		
Name and Title:	Address		Address:			<u> </u>	<u> </u>
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Address Address:	Name and Title:		Name and Title	:	<u>.</u>	_ <u></u>	
	Address		Address:		<del>_</del>		
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Name and Title:	Name and Title:	
Address	Address:	a
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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	IOT acceptable) of the registered agent is:	
Pate Typhen		

Address: 1695-1 Metropolitan Circle Tallahassee, FL 32308

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Name: tropoliton circle Me Address: 32308 allahassee, FL

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

<u>10-3-14</u> Date Required Signature/Registered Agent

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/Incornorator

10-3-14 Date

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