

P15000010429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

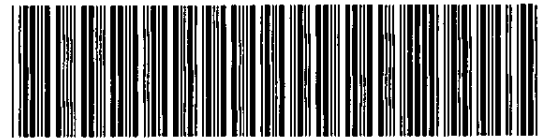
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## COVER LETTER

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

SUBJECT: B&T Tal Professional 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: Talreca Richardson  
Name (Printed or typed)

2415 Old Saint Augustine Rd # 1032  
Address

Tallahassee, FL 32301  
City, State & Zip

(702) 981-4726  
Daytime Telephone number

Talreca@aol.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: B&T Tax Professional Services, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2415 Old Saint Augustine Rd #  
# 1032

Tallahassee, Fl. 32307

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Tax Records

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Talreca Richardson Vice President

Address: 2415 Old Saint Augustine Rd # 1032  
Tallahassee, Fl. 32307

Name and Title: Bridget Nielsen (President)

Address: 2415 Old Saint Augustine Rd # 1032

Name and Title: Virgil Mitchell (Officer)

Address: 2415 Old Saint Augustine Rd  
Tallahassee, Fl. 32307

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

(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:

Talreca Richardson

Address:

2415 Old Saint Augustine Rd. 1032  
Tallahassee, FL 32307

**ARTICLE VII INCORPORATOR**

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

Name:

Talreca Richardson

Address:

2415 Old Saint Augustine Rd # 1032  
Tallahassee, FL 32307

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

[Signature]  
Required Signature/Registered Agent

02/02/2015  
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.

[Signature]  
Required Signature/Incorporator

02/02/2015  
Date

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