

P 15000014398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

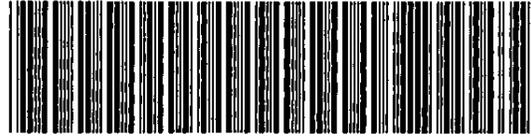
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JF 2/12/15

COVER LETTER

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

SUBJECT: TAX4LESS & INSURANCE 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: GLADSON J SAINFORT
Name (Printed or typed)
1000 RIVER REACH DRIVE SUITE 114
Address
FT LAUDERDALE, FL 33315
City, State & Zip
9543038349
Daytime Telephone number
GSAINFOR@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

TAX4LESS & INSURANCE SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1000 RIVER REACH DR SUITE 114
FT LAUDERDALE, FL 33315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INCOME TAX AND INSURANCE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **GLADSON J SAINFORT P.A./P**

Name and Title: _____

Address **1000 RIVER REACH DR SUITE 114**

Address: _____

FT LAUDERDALE, FL 33315

Name and Title: **PETERSON SENATUS/VP**

Name and Title: _____

Address **1000 RIVER REACH DR SUITE 114**

Address: _____

FT LAUDERDALE, FL 33315

Name and Title: **BETTY SENATUS/SECRETARY**

Name and Title: _____

Address **1000 RIVER REACH DR SUITE 114**

Address: _____

FT LAUDERDALE, FL 33315

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TALLAHASSEE, FLORIDA

(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: GLADSON SAINFORT

Address: 1000 RIVER REACH DR SUITE 114
FT LAUDERDALE, FL 33315

ARTICLE VII INCORPORATOR

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

Name: GLADSON J SAINFORT P.A.

Address: 1000 RIVER REACH DR SUITE 114
FT LAUDERDALE, FL 33315

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

 Required Signature/Registered Agent

02/04/2015

 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.

 Required Signature/Incorporator

02/04/2015

 Date

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