

01/01/2003

05:51

P. 001/003

P15000017267

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000044810 3)))



H150000448103ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ND PROFESSIONAL TAXES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
15 FEB 20 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 20 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

2/23/15

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H15000044810
FILED

15 FEB 20 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME: The name of the corporation is:

ND PROFESSIONAL TAXES INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3177 NW 26 ST

MIAMI FL 33142

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ALFREDO DE LA NUEZ (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ALFREDO DE LA NUEZ

3177 NW 26 ST

MIAMI FL 33142

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

ALFREDO DE LA NUEZ

3177 NW 26 ST

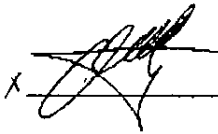
MIAMI FL 33142

H15000044810

H15000044810

Required Signatures:

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

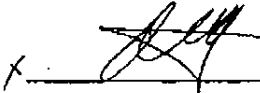


Registered Agent

2/20/15

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.



Incorporator

2/20/15

Date

FILED
15 FEB 20 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000044810