

P/15000047280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

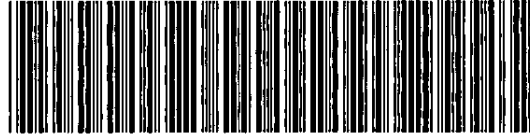
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/26/15--01005--022 **75.00

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h 05/28/15

COVER LETTER

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

SUBJECT: FILING 4 YOU TAX SERVICE 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: PETER ARIANAS

Name (Printed or typed)

13833 WELLINTON TRACE E4221

Address

WELLINGTON FLORIDA 33414

City, State & Zip

516-426-4368

Daytime Telephone number

PSA1001@GMAIL.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: FILING 4 YOU TAX SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
13833 WELLINGTON TRACE E4221

Mailing address, if different is:

SAME

WELLINGTON FLORIDA 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TAX PREPARER

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER ARIANAS (PRES)

Name and Title: _____

Address 13833 WELLINGTON TRACE

Address: _____

E-4221

WELLINGTON FLORIDA 33414

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: JOE FASCIGLIONE CPA

Address: 2101 VISTA PARKWAY #122

WEST PALM BEACH, FLORIDA 33411

ARTICLE VII INCORPORATOR

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

Name: JOE FASCIGLIONE CPA

Address: 2101 VISTA PARKWAY #122

WEST PALM BEACH, FLORIDA 33411

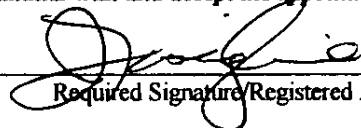
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

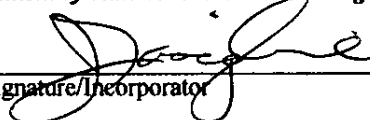


Required Signature/Registered Agent

05-01-15

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.



Required Signature/Incorporator

05-01-15

Date