

P15000080199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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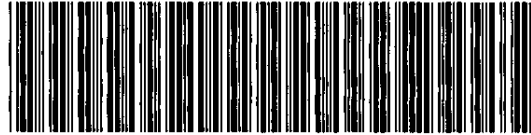
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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## COVER LETTER

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

**SUBJECT:** Tax Services of North Central Florida, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Carolyn Setliff  
Name (Printed or typed)

4256 N Mae West Way  
Address

Beverly Hills FL 34465  
City, State & Zip

352/216-3737  
Daytime Telephone number

yourtaxlady@tampabay.rr.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: Tax Services of North Central Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

4256 N Mae West Way Principal street address

Mailing address, if different is:

Beverly Hills FL 34465

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all purposes legal in the  
State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Carolyn Setliff, President Name and Title: \_\_\_\_\_

Address: 4256 N Mae West Way Address: \_\_\_\_\_  
Beverly Hills FL 34465

Name and Title: Lecil W Swann-Duvall Name and Title: \_\_\_\_\_  
Vice President

Address: 4256 N Mae West Way Address: \_\_\_\_\_  
Beverly Hills FL 34465

Name and Title: Stacey L Duvall-Swann Name and Title: \_\_\_\_\_  
Secretary

Address: 4256 N Mae West Way Address: \_\_\_\_\_  
Beverly Hills FL 34465

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: Carolyn Setliff

Address: 4256 N Mae West Way

Beverly Hills FL 34465

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carolyn Setliff

Address: 4256 N Mae West Way

Beverly Hills FL 34465

**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*

Carolyn Setliff

Required Signature/Registered Agent

9/18/2015

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.*

Carolyn Setliff

Required Signature/Incorporator

9/18/2015

Date