

P/5000086143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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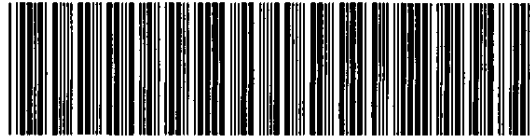
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/28/15--01035--016 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT 19 AM 11:38

W15-066018

K 10/20/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 OCT 19 AM 12:15

October 5, 2015

FAUSTA G. LIPSCOMB
11179 GRANDVIEW MNR.
WELLINGTON, FL 33414

SUBJECT: SUNSHINE TAX SOLUTIONS, INC.
Ref. Number: W15000066018

We have received your document for SUNSHINE TAX SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000128320 (SUNSHINE TAX SOLUTIONS, LLC).

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 815A00020985

COVER LETTER

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

SUBJECT: SUNSHINE TAX SOLUTIONS, 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: FAUSTA G LIPSCOMB

Name (Printed or typed)

11179 GRANDVIEW MNR.

Address

WELLINGTON, FL 33414

City, State & Zip

561-790-5480

Daytime Telephone number

lipscombf@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: ACE
~~SUNSHINE TAX SOLUTIONS, INC.~~

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2480 S CONGRESS AVENUE, SUITE B

11179 GRANDVIEW MNR

PALM SPRINGS, FL 33461

WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE TAX PREPARATION AND RESOLUTION SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: ~~100.00~~ 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FAUSTA G LIPSCOMB

Name and Title: _____

Address 11179 GRANDVIEW MNR.

Address: _____

WELLINGTON, FL 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: FAUSTA G LIPSCOMB
Address: 11179 GRANDVIEW MNR
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

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

Name: FAUSTA G LIPSCOMB
Address: 11179 GRANDVIEW MNR
WELLINGTON, FL 33414

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/22/2015 (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

09/22/2015
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

09/22/2015
Date