

PA 6000000728

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15 DEC 21 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** BVL INCOME TAX & ACCOUNTING 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      ☐ \$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: ORLANDO PEREZ  
\_\_\_\_\_  
Name (Printed or typed)

110 BUENAVENTURA BLVD  
\_\_\_\_\_  
Address

KISSIMMEE, FL. 34743  
\_\_\_\_\_  
City, State & Zip

407-344-7464  
\_\_\_\_\_  
Daytime Telephone number

BVLINCOMETAX@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

December 15, 2015

**BVL INCOME TAX & ACCOUNTING SERVICES, INC.**

110 Buena Ventura Blvd.  
Kissimmee, FL. 34743

Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

re: **BVL INCOME TAX & ACCOUNTING SERVICES, INC.**

Florida Document Number: P14000004788

I am releasing and will no longer be utilizing the name of BVL INCOME TAX & ACCOUNTING SERVICES, INC. in regular Business. I also authorize the enclosed articles to be filed. In reference to the document number# P14000004788, I no longer will be using in regular commerce the name of BVL INCOME TAX & ACCOUNTING SERVICES, INC.

Cordially,

A handwritten signature in black ink, appearing to read 'Orlando Perez', is written over a horizontal line.

Orlando Perez  
President

**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: BVL INCOME TAX & ACCOUNTING SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
110 BUENVENTURA BLVD  
KISSIMMEE, FL. 34743

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR ANY AND ALL LEGAL USE.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Orlando Perez-President

Address: 4317 Yorkshire Lane  
Orlando, FL. 32812

Name and Title: Pablo A. Quevedo-Vice President

Address: 3391 Heartwood Ave.  
Winter Park, FL. 32792

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FL  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

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: Orlando Perez

Address: 4317 Yorkshire Lane

Orlando, FL. 32812

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pablo A. Quevedo

Address: 3391 Heartwood Ave.

Winter Park, FL. 32792

**ARTICLE VIII EFFECTIVE DATE:** 12/15/2015

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.*

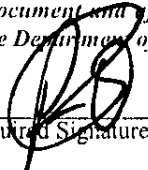


Required Signature/Registered Agent

12-15-2015

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

12-15-2015

Date