## P16000011468

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT WAIT	MAIL		
(Bu	siness Entity Nar	me)		
•	,	·		
(Do	cument Number)			
•	,			
Certified Copies	Certificates	s of Status		
Certified Copies		or Clatus		
Special Instructions to	Filing Officer:	!		
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01/26/16--01002--030 \*\*78.75

EFFECTIVE DATE

2016 JAN 26 PH 3: 58

FEB - 4 2016 T. BROWN

## **COVER LETTER**

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

SUBJECT: Burt Ta	x Inc.		
Sebtler.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00	<b>\$78.75</b>	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FDOM He	nry Burt		
FROM:	Nam	e (Printed or typed)	
399	l Pepper Place		
		Address	
Cod	coa, Fl. 32926		
	City	State & Zip	
	City	State & Zip	
321	6523808		
	Daytime 7	elephone number	
jbbs	smn2lbs@yahoo.com		
	E-mail address: (to be use	d for future annual report i	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)

TICLE I NAME e name of the corpor	E Burt Tax Inc. ation shall be:		AHASA PA
	CIPAL OFFICE Principal street address		ddress, if different is:
91 Pepper Place		<del>-,.,.</del>	
ocoa Fl. 32926			
RTICLE III PURP e purpose for which	OSE to provid the corporation is organized is:	e tax planning, preparing and r	representation services.
			EFFECTIVE DA
<del></del>			
	To the control of the		
	Stock is:  4L OFFICERS AND/OR DIRECTORS  Hanny Part President/Secretary		
e number of shares o	Stock is:  4L OFFICERS AND/OR DIRECTORS  Hanny Part President/Secretary	Name and Title:	
TICLE V INITION  Name and Title	Stock is:  AL OFFICERS AND/OR DIRECTORS  Henry Burt President/Secretary  e:  3991 Penner Place	Name and Title:	
TICLE V INITIAN Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  e: Henry Burt President/Secretary  3991 Pepper Place  Cocoa, Fl. 32926	Name and Title:Address:	
TICLE V INITION  Name and Title	Stock is:  AL OFFICERS AND/OR DIRECTORS  Henry Burt President/Secretary  3991 Pepper Place  Cocoa, Fl. 32926  Patricia Burt Vice President  3991 Pepper Place	Name and Title:  Address:  Name and Title:	
e number of shares of shares of shares of share and Title Address  Name and Title	Stock is:  AL OFFICERS AND/OR DIRECTORS  Henry Burt President/Secretary  3991 Pepper Place  Cocoa, Fl. 32926  Patricia Burt Vice President  3991 Pepper Place	Name and Title:  Address:  Name and Title:	
Name and Title  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  Henry Burt President/Secretary  3991 Pepper Place  Cocoa, Fl. 32926  Patricia Burt Vice President  3991 Pepper Place  Cocoa, Fl. 32926	Name and Title:  Address:  Name and Title:  Address:	
Name and Title  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  e:  Henry Burt President/Secretary  3991 Pepper Place  Cocoa, Fl. 32926  Patricia Burt Vice President  3991 Pepper Place  Cocoa, Fl. 32926	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	

Name a	and Title:	Name and Title:
Addre	ss	Address:
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acc	entable) of the registered agent is:
Name:	Henry Burt	ephable) of the registered agent is.
Address:	3991 Pepper Place	
	Cocoa, Fl. 32926	
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Henry Burt	
Address:	3991 Pepper Place	<del></del>
Cocoa Fl. 32926	Cocoa Fl. 32926	
Effective date, i		. (OPTIONAL) and cannot be more than five business days prior or 90 business
Note: If the date the document's	te inserted in this block does not meet the a effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as records.
Having been na this certificate, i	amed as registered agent to accept service I am familiar with and accept the appointn	of process for the above stated corporation at the place designated in tent as registered agent and agree to act in this capacity
	YK-	01/21/2016
	Required Signature/Registered	Agent Date
I submit this do document to the	ocument and affirm that the facts stated he Department of State constitutes a third de	erein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
	1/2	01/21/2016
Regi	ired Signature/Incorporator	Date