

P16000015293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

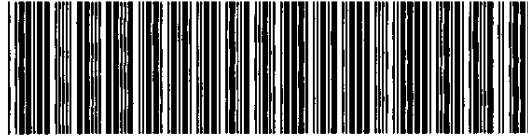
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FEB 19 2016
A. DUNLAP

Office Use Only



300281827123

02/08/16--01031--014 **78.75

FILED
16 FEB -8 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: BARRA TAX 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: CHRISTOPHER M. BARRA
Name (Printed or typed)

7 PUEBLO DRIVE
Address

PENSACOLA, FL 32507
City, State & Zip

850-665-3666
Daytime Telephone number

CHRIS@BARRATAXSERVICE.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: BARRA TAX SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4432 AVALON BLVD

7 PUEBLO DRIVE

MILTON, FL 32583

PENSACOLA, FL 32507

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

PURPOSE - OFFER TAX PLANNING AND TAX PREPARATION AS WELL AS LIMITED FINANCIAL

CONSULTATION NO SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER M. BARRA

Name and Title: PRESIDENT

Address 7 PUEBLO DRIVE

Address: _____

PENSACOLA, FL 32507

Name and Title: SUSAN G. BARRA

Name and Title: TREASURER

Address 7 PUEBLO DRIVE

Address: _____

PENSACOLA, FL 32507

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: CHRISTOPHER M. BARRA
Address: 7 PUEBLO DRIVE
PENSACOLA, FL 32507

ARTICLE VII INCORPORATOR

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

Name: CHRISTOPHER M. BARRA
Address: 7 PUEBLO DRIVE
PENSACOLA, FL 32507

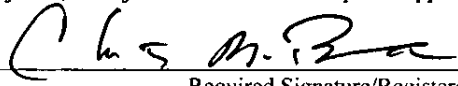
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: FEBRUARY 1, 2016 (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

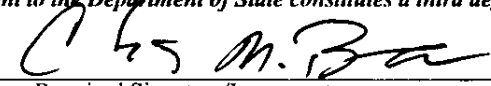


Required Signature/Registered Agent

JANUARY 29, 2016

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

JANUARY 29, 2016

Date

FILED
16 FEB -8 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA