

02/29/20

03

25 P.00

# P16000018659

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
EXECUTIVE TAX SERVICE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

16 FEB 29 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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16 FEB 29 AM 11:45

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Corporate Filing Menu

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02/29/2016 03:46

#5425 P.002/003

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 FEB 29 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: EXECUTIVE TAX SERVICE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5931 NW 173 DRIVE STE 9  
MIAMI, FL 33015

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: LUIS F ROSALES-PRESIDENT

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

Address: 5931 NW 173 DRIVE STE 9

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

MIAMI, FL 33015

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

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

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

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

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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: LUIS F ROSALES

Address: 5931 NW 173 DRIVE STE 9

MIAMI, FL 33015

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LUIS F ROSALES

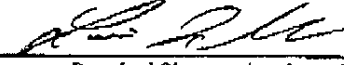
Address: 5931 NW 173 DRIVE STE 9

MIAMI, FL 33015

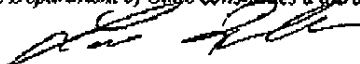
**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 02/29/2016 (OPTIONAL)

(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*

	<u>02/29/2016</u>
Required Signature/Registered Agent	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.*

	<u>02/29/2016</u>
Required Signature/Incorporator	Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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