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

From:
Account Name : AT PLUS CORP
Account Number : I20140000060
Phone : (305)406-3800
Fax Number : (305)406-3999

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
QUICK TAXES PLUS, INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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DEC 01 2016

T. SCOTT

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **IRASEMA ARAUZ**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **QUICK TAXES PLUS, INC.**, a Florida corporation to be filed with the Florida Department Of State on or about **NOVEMBER 30th, 2016**.
2. The undersigned hereby consents to and authorizes the use by **QUICK TAXES PLUS, INC.**, of the name **QUICK TAXES PLUS, INC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

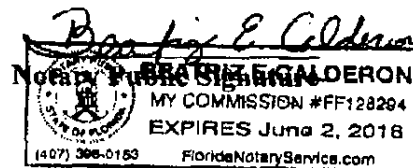
FURTHER AFFIANT SAYETH NAUGHT.


IRASEMA ARAUZ

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, **IRASEMA ARAUZ**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 30th day of NOVEMBER, 2016



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: QUICK TAXES PLUS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3650 NW 82ND AVE

SUITE 404

DORAL, FL 33166

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: IRASEMA ARAUZ PRESIDENT

Name and Title: _____

Address 3650 NW 82ND AVE

Address: _____

SUITE 404

DORAL, FL 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 NOV 30 AM 8:31
STATE OF FLORIDA
DIVISION OF REVENUE

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: IRASEMA ARAUZ
Address: 3650 NW 82ND AVE SUITE 404
DORAL, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IRASEMA ARAUZ
Address: 3650 NW 82ND AVE SUITE 404
DORAL, FL 33166

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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
11/30/2016
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
11/30/2016
Date