

P/70000/29/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

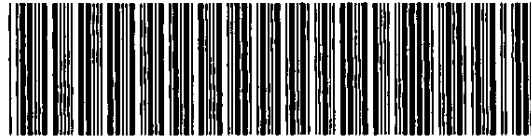
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/03/17--01011--016 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/10/17

Winning Tax Solutions
6655 Jacques Way
Lake Worth, FL 33463
mikevilardiea@gmail.com
C-631-220-8088/ O-561-963-7877

January 31, 2017

RE: WINNING TAX SOLUTIONS

To Whom It May Concern,

I have no intentions of paying the fee of \$900 to reinstate my business of Winning Tax Solutions, but I do intend to restart the same business with the same name of Winning tax Solutions.

All of the required information is filled out in the forms so if you have any questions or concerns please feel free to contact me at the above information.

Thank you for your attention in this matter.

I have enclosed a check to cover the cost of opening the new business.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Vilardi", is written over a horizontal line.

Michael Vilardi, EA

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TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Winning Tax Solutions 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: Michael Vilardi
Name (Printed or typed)
6655 JACQUES WAY
Address
LAKE WORTH, FL 33463
City, State & Zip
C-631-220-8088 / O-561-~~382-1111~~ 963- 7877
Daytime Telephone number
mikevilardica@gmail.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

WINNING TAX SOLUTIONS, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6655 JAQUES WAY

301 E. WOOLBRIGHT RD STE.241

LAKE WORTH, FL 33463

BOYNTON BEACH, FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT - MICHAEL A. VILARDI

Name and Title: _____

Address 6655 JAQUES WAY

Address: _____

LAKE WORTH, FL 33463

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: MICHAEL A. VILARDI
Address: 6655 JAKES WAY
LAKE WORTH, FL 33463

ARTICLE VII INCORPORATOR

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

Name: MICHAEL A. VILARDI
Address: 6655 JAKES WAY
LAKE WORTH, FL 33463

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TALLAHASSEE, FLORIDA

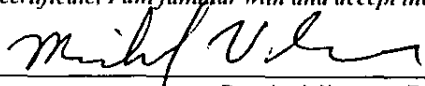
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: FEBRUARY 1ST, 2017 (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

1/8/17

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

1/8/17

Date