

P18UWD19541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

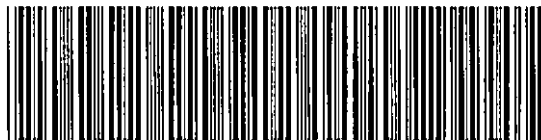
Special Instructions to Filing Officer:

Office Use Only

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MAR 01 2018

T. SCOTT



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11/20/17--01037--012 **78.75

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2018

PROFESSIONAL INCOMETAXES OF MIAMI CORP.
1 CURTIS PKWY. SUITE 9
MIAMI SPRINGS, FL 33166

SUBJECT: PROFESSIONAL INCOMETAXES OF MIAMI CORP
Ref. Number: W17000092814

We have received your document for PROFESSIONAL INCOMETAXES OF MIAMI CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Remove percent sign from shares. Also, have call and several letters out since 2017 no correct response. On 02-27-18 call the number on file and a man answered speak no English.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 018A00004032

COVER LETTER

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

SUBJECT: Professional Income Taxes of Miami corp
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Professional Income Taxes of Miami corp
Name (Printed or typed)

1 Curtiss Pkwy, Suite 9
Address

Miami Spring, FL 33166
City, State & Zip

(786) 558-5550
Daytime Telephone number

professionaltaxes@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

The name of the corporation shall be: Professional Income TAXES OF MIAMI Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

1 Curtiss PKwy, suite 9
Miami Spring, FL, 33166

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: clerical services, notary,
Taxes, Tradueccion etc

ARTICLE IV SHARES

The number of shares of stock is: 1000 and 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Giselle M Aquino P

Name and Title: _____

Address

1 Curtiss PKwy
suite 9, Miami Spring
FL, 33166

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

18 FEB 28 AM 9:16
NOTARY PUBLIC
STATE OF FLORIDA

NOTARY
PUBLIC
STATE OF FLORIDA

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: Giselle M Aquino
Address: 1 Curtiss Pkwy, Suite 9
MIAMI Spring, FL, 33166

ARTICLE VII INCORPORATOR

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

Name: Giselle M Aquino
Address: 1 Curtiss Pkwy, Suite 9
MIAMI Spring, 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

11/16/2017
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

11/16/2017
Date