

P18 000 022 549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

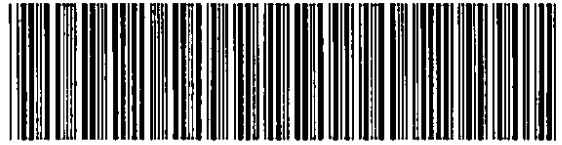
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/06/18--01005--031 **78.00

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FILED
18 MAR -6 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 12 2018

COVER LETTER

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

SUBJECT: Professional Taxes of 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: Giselle M Aquino
Name (Printed or typed)

1 Curtiss Pkwy, Suite 9
Address

Miami Springs, FL 33166
City, State & Zip

786-558-5550
Daytime Telephone number

professionaltaxes@aol.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 Taxes & corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1 Eurtiss Pkwy
Suite 9
Miami Spring, FL, 33166

SAMA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: clerical services, notary, taxes,
immigration papers, etc

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Risella H Aquino President

Name and Title: _____

Address: 1 Eurtiss Pkwy, Suite 9
Miami Spring, FL
33166

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, 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: Riselle M Aquino
Address: 1 Curtiss PKwy, suite 9
Miami Spring, FL 33166

ARTICLE VII INCORPORATOR

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

Name: Riselle M Aquino
Address: 1 Curtiss PKwy, suite 9
Miami Spring, FL 33166

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/28/2018 (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.)

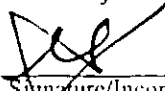
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

02/28/2018
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

02/28/2018
Date