

P1800085419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

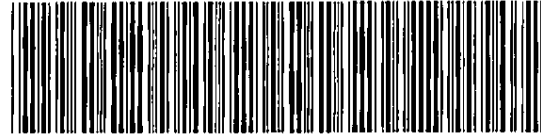
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800319710078

RECEIVED
DEPARTMENT OF STATE
18 OCT 18 PM 4:51

18 OCT 13 AM 10:51

M MOON

OCT 19 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 431976 8251080

AUTHORIZATION :

COST LIMIT : \$ 500.00



ORDER DATE : October 10, 2018

ORDER TIME : 10:36 AM

ORDER NO. : 431976-005

CUSTOMER NO: 8251080

DOMESTIC FILING

NAME: MEDTAX CPAS, PA

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

19 OCT 13 10:51

COVER LETTER

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

SUBJECT: MedTax CPAs, PA

(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: Sylvain Siboni, CPA, MBA

Name (Printed or typed)

10155 Collins Avenue, Unit 1503

Address

Bal Harbour, FL 33154

City, State & Zip

201-585-1539

Daytime Telephone number

cpas4mds@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

19 OCT 15 AM 10:51

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: MedTax CPAs, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10155 Collins Avenue, Unit 1503

Bal Harbour, FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide tax and consulting services to individuals
and business entities.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sylvain Siboni, CPA, MBA, President

Address: 10155 Collins Avenue, Unit 1503
Bal Harbour, FL 33154

Name and Title: Asher Siboni, CPA, Vice President

Address: 25 West 13th Street, 3NN
New York, NY 10011

Name and Title: Judy Siboni, Secretary

Address: 10155 Collins Avenue, Unit 1503
Bal Harbour, FL 33154

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

19 OCT 13 AM 10:52
FBI

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sylvain Siboni, CPA, MBA
Address: 10155 Collins Avenue, Unit 1503
Bal Harbour, FL 33154

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

By: Roxanne Turner Roxanne Turner
Corporation Service Company Asst. Vice President
Required Signature/Registered Agent 10/18/18
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.

[Signature] 10/16/18
Required Signature/Incorporator Date