

P19000041890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

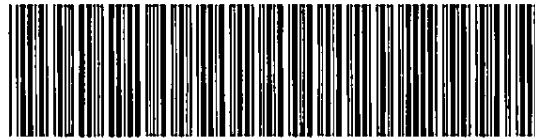
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MAY 21 2019



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04/04/19--01008--010 \*\*70.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 APR -4 AM 7:15


Paul's Tax Accounting Services, Inc  
2272 Airport Pulling Rd. South  
Horizon Professional Center, Suite 205  
Naples FL, 34112  
(239)776-7456  
Fax (239)776-7457

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
19 APR - 4 AM 7:15

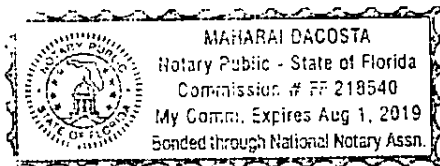
Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

3/7/2019

I Paul A. Robinson have no intention of reinstating Paul's Tax Accounting Services, Inc.  
Document #P10000017371 and therefore releasing the name to be used as a new Corporation.

  
Paul A. Robinson

Sworn to and Subscribed before me this 8th day of  
March 2019 by Paul A. Robinson who is personally known  
to me and did not provide an identification.



  
Maharai Dacosta

STATE OF FLORIDA  
COLLIER County

## 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: PAUL'S TAX ACCOUNTING SERVICES INC

### ARTICLE II PRINCIPAL OFFICE

Principal street address

2272 AIRPORT-PULLING RD S

SUITE 205

NAPLES, FL 34112

Mailing address, if different is:

2272 AIRPORT-PULLING RD. S

SUITE 205

NAPLES, FL 34112

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TAX ACCOUNTING SERVICES

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SECTION OF  
DIVISION OF  
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### ARTICLE IV SHARES

The number of shares of stock is: \$100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL A. ROBINSON (PRESIDENT)

Name and Title: \_\_\_\_\_

Address 2895 29th AVE. NE

Address: \_\_\_\_\_

NAPLES, FL 34120

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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DIVISION OF CORPORATION  
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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PAUL A. ROBINSON

Address: 2895 29th AVE NE

NAPLES, FL 34120

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PAUL A. ROBINSON

Address: 2895 29th AVE. NE

NAPLES, FL 34120

**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

3/7/19  
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

3/7/19  
Date