

PRO200003238

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ITAX GROUP, LLC
Account Number : I20140000115
Phone : (813)882-8426
Fax Number : (813)884-0263

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: tampabaygeneralservices@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
TAMPA BAY GENERAL SERVICES INC**

Certificate of Status		0
Certified Copy		0
Page Count		01
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

STATE
161 W. WARE, FL

2020 JAN 17 AM 7:50

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January 17, 2020

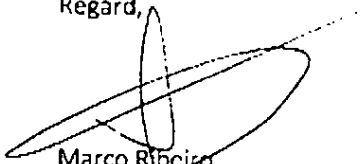
Re: Florida Profit Corporation **TAMPA BAY GENERAL SERVICES INC**, Document Number **P13000004027**

To: Florida Department of State, Division of Corporation

I hereby attest to release the name **TAMPA BAY GENERAL SERVICES INC** to be filed to a new document, the officers are the same to be included in this new filing.

See Articles of Incorporation attached.

Regard,



Marco Ribeiro
President

COVER LETTER

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

SUBJECT: TAMPA BAY GENERAL SERVICES 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: MARCO A. ZACARKIM RIBEIRO

Name (Printed or typed)

115 CONNIE AVE

Address

TAMPA FL 33613

City, State & Zip

813-695-6674

Daytime Telephone number

TAMPABAYGENERALSERVICES@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 NAMEThe name of the corporation shall be: TAMPA BAY GENERAL SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

115 CONNIE AVE, TAMPA FL 33613**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARCO A ZACARKIM RIBEIROAddress: PRESIDENT115 CONNIE AVE, TAMPA FL 33613Name and Title: HELOISA R. RIBEIROAddress: VICE PRESIDENT115 CONNIE AVE, TAMPA FL 33613

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SEC. OF STATE
TAL. EXAM. SEC. FL

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: MARCO A ZACARKIM RIBEIROAddress: 115 CONNIE AVE, TAMPA FL 33613
_____**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MARCO A ZACARKIM RIBEIROAddress: 115 CONNIE AVE, TAMPA FL 33613
_____**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_____
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_____
Date