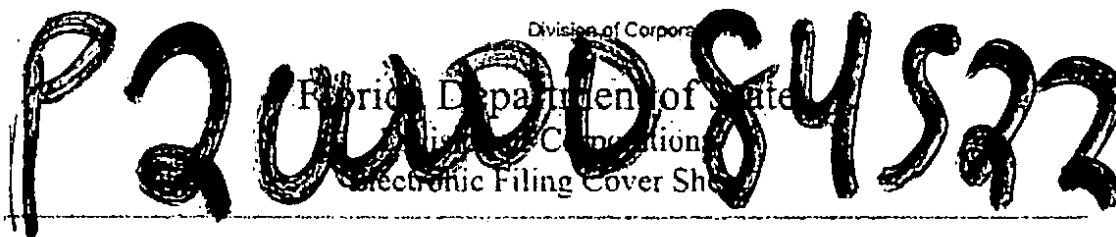


10/28/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000375498 3)))



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To:

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

From:

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.
Account Number : 120200000179
Phone : (786)253-9951
Fax Number : (305)397-1052

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

Email Address:

wholetax@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
MARY CONSULTING SERVICES, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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OCT 30 2020

T. SCOTT

H 20000375498

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MARY CONSULTING SERVICES, CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address

244 BISCAYNE BLVD APT 3204MIAMI, FL 33132

Mailing address, if different is:

244 BISCAYNE BLVD APT 3204MIAMI, FL 33132**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: (P) MARIA FABIANOAddress: 244 BISCAYNE BLVD APT 3204MIAMI, FL 33132Name and Title: (VP) VINCENZO BORRIELLOAddress: 244 BISCAYNE BLVD APT 3204MIAMI, FL 33132

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

60

2020 OCT 29 AM 9:50

STATE
FLORIDA

FILED

H20000375498.

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: WHOLE TAX PROFESSIONAL SERVICES INC
Address: 1800 SW 1ST ST SUITE 202, MIAMI FL 33135

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARIA FABIANO
Address: 244 BISCAYNE BLVD APT 3204
MIAMI, FL 33132


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

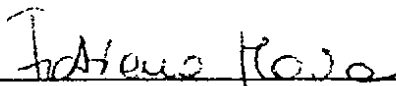


Required Signature/Registered Agent

10/28/2020

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

10/28/20

Date