

**P2000091140**

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 : TAX CARE CELEBRATION  
Account Number : I20190000007  
Phone : (786)845-8854  
Fax Number : (321)473-3052

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

Email Address: Jessica.torres@taxcareinc.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CAROZZA CONSULTING INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2020 NOV 24 PM 12:10

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Corporate Filing Menu

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## COVER LETTER

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

SUBJECT: CAROZZA CONSULTING 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Tax Care Celebration  
Name (Printed or typed)

1400 NW 107th Ave. Ste. 203  
Address

Sweetwater FL 33172  
City, State & Zip

786-845-8854  
Daytime Telephone number

Jessica.torres@taxcareinc.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: CAROZZA CONSULTING INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5679 Bassett Pl.  
Sanford FL 32771

Mailing address, if different is:

5679 Bassett Pl.  
Sanford FL 32771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Business consulting company  
for companies to start a new business  
with retirement funds and managing  
rental property.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Stephen Carozza

Address: President

5679 Bassett Pl.  
Sanford FL 32771

Name and Title: Sabrina Carozza

Address: Vice-President

5679 Bassett Pl.  
Sanford FL 32771

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

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

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

Address: \_\_\_\_\_ 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: Yulitza M. Aguirre  
Address: 5449 S. Demoran Blvd Ste. 217  
Orlando FL 32822

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Tax Care Celebration  
Address: 1400 NW 107th Ave. Ste 203  
Sweetwater FL 33172

**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*

Yulitza Aguirre  
(Required Signature/Registered Agent)

11/24/20  
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.*

Q. Alarini  
Required Signature/Incorporator

11/24/20  
Date