

P210000 82938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

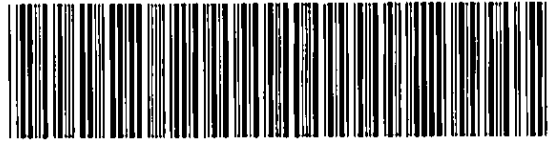
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



900372296989

FILED

2021 SEP 22 PM 1:07

CLERK OF COURT
TALLAHASSEE, FLORIDA

RECEIVED

2021 SEP 22 AM 9:13

CLERK OF COURT
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9/21/2021

****WALK IN****

ENTITY NAME CPATS PAYROLL INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70

ACCOUNT # 120160000072



Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: CPATS Payroll 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Paula M Younger
Name (Printed or typed)

500 NW 6th Street
Address

Okeechobee, FL 34972
City, State & Zip

863-357-1099
Daytime Telephone number

paula@cpataxsolutions.net
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: CPATS Payroll Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 NW 6th Street

Oklawaha, FL 34972

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Provide professional payroll services

FILED
2021 SEP 22 PM 1:08
CLERK OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Younger, D

Name and Title: Sandra Torres, D

Address: 500 NW 6th Street
Oklawaha, FL 34972

Address: 500 NW 6th St.
Oklawaha, FL 34972

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: CPATax Solutions LLC
Address: 500 NW 4th Street
Okeechobee, FL 34972

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Paula Younger
Address: 500 NW 4th Street
Okeechobee, FL 34972

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/1/2021 (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

Paula Younger
Required Signature/Registered Agent

9/21/2021
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.

Paula Younger
Required Signature/Incorporator

9/21/2021
Date