

# P22000015968

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX S PRO CORP

Account Number : I20200000147

Phone : (786)307-2733

Fax Number : (954)420-7118

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

**INFO@TAXSPRO.COM**

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

**FLORIDA PROFIT/NON PROFIT CORPORATION****FIRST CHOICE FIX PEST SOLUTIONS CORP**

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

FILED  
2022 MAR -2 PM 2:58

2022 MAR -2 AM 8:30

COVER LETTER

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

SUBJECT: **FIRST CHOICE FLX PEST SOLUTIONS CORP**  
(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: **TAX S PRO CORP**  
Name (Printed or typed)  
**8030 PINES BLVD**  
Address  
**PEMBROKE PINES , FLORIDA 33024**  
City, State & Zip  
**786-3072733**  
Daytime Telephone number  
**INFO@TAXSPRO.COM**  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

**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: **FIRST CHOICE FIX PEST SOLUTIONS CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**515 NW 127 ST**  
**NORTH MIAMI BEACH, FL 33168**

**515 NW 127 ST**  
**NORTH MIAMI BEACH, FL 33168**

**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: **100**

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

Name and Title: **PRESIDENT**  
**ABARCA, CESAR J**  
Address:

Name and Title:  
Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

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: TAX S PRO CORP  
 Address: 8030 PINES BLVD  
PEMBROKE PINES, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: CESAR J, ABARCA  
 Address: 515 NW 127 ST  
NORTH MIAMI BEACH, FL 33168

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/01/2022 (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

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA