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

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
TASA HOMES INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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: TASA HOMES 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: TAL SHOMRON
Name (Printed or typed)
72 BALDRY AVENUE
Address
VAUGHAN, ON, L6A 4X9
City, State & Zip
(647) 926-1347
Daytime Telephone number
info@taxonweb.ca
E-mail address: (to be used for future annual report notification)

2022 AUG 19 AM 2:01

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

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

ARTICLE I NAMEThe name of the corporation shall be: TASA HOMES INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
26370 COCO CAY CIRCLE, #102
BONITA SPRINGS, FL 34135Mailing address, if different is:
72 BALDRY AVENUE, VAUGHAN, ON,
CANADA, L6A 4X9**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: TAL SHOMRONAddress 26370 COCO CAY CIRCLE, #102
BONITA SPRINGS, FL 34135Name and Title: ELENA SHOMRONAddress: 26370 COCO CAY CIRCLE, #102
BONITA SPRINGS, FL 34135Name and Title: ALON SHOMRONAddress 26370 COCO CAY CIRCLE, #102
BONITA SPRINGS, FL 34135

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2022 AUG 19 4:12 PM

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TAL SHOMRON

Address: 26370 COCO CAY CIRCLE, #102

BONITA SPRINGS, FL 34135

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: TAL SHOMRON

Address: 26370 COCO CAY CIRCLE, #102

BONITA SPRINGS, FL 34135

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

☒ _____
DocuSigned by: _____
AC004764 Required Signature/Registered Agent

☒ 8/18/2022 | 8:08:35 PM EDT
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.

☒ _____
DocuSigned by: _____
Required Signature/Incorporator

☒ 8/18/2022 | 8:08:35 PM EDT
Date