

P22000091320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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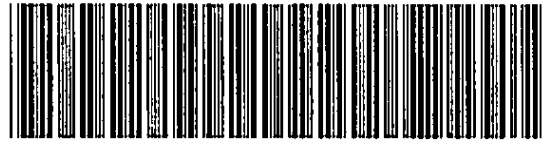
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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22 NOV 29 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TAX RESOLUTIONS & RECOVERY, 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: WALTER GREISSE
Name (Printed or typed)

6 CROSS ROAD
Address

STAMFORD, CT. 06905
City, State & Zip

203-325-1264
Daytime Telephone number

waltgreisse@aol.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 NOV 29 AM 10:00

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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: TAX RESOLUTIONS & RECOVERY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
706 BOYNTON BEACH BLVD.
STE. 110
BOYNTON BEACH, 33426

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To offer the general public
both (1) tax preparation and advice and
(2) assist taxpayers with significant debt
owed to the Internal Revenue Service with
offers-in-compromise.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GAETANO SANSONE

Name and Title:

Address

7370 S. ORIOLE BLVD
APT 307E
DELRAY BEACH, FL 33446

Address:

45 COLBY DRIVE
DIX HILL, N.Y. 11746

Name and Title: NATALIE PRUDENT

Name and Title:

Address

5326 FOUNTAINS
DRIVE SOUTH
LAKE WORTH, FL. 33446
DIRECTOR

Address:

WALTER GREISSE
6 CROSS ROAD
STAMFORD, CT. 06905
-DIRECTOR

Name and Title:

Name and Title:

Address

Address:

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22 NOV 29 11 05 AM
SECRETARY OF STATE
TALLAHASSEE, 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: WALTER GREISSLE

Address: 7370 S. ORIOLE BLVD - APT 307C
DELRAY BEACH, FL. 33446

ARTICLE VII INCORPORATOR

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

Name: WALTER GREISSLE

Address: 7370 S. ORIOLE BLVD APT. 307C
DELRAY BEACH, FL. 33446

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN 1, 2023 (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.

Walter Greissle

Required Signature/Registered Agent

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.

Walter Greissle

Required Signature/Incorporator

Date

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22 NOV 28 11 17 AM '22
STATE OF FLORIDA
TALLAHASSEE, FL 32399