

3/16/23, 5:31 PM

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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.****

Email Address: _____

INFO@TAXSPRO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
REGALADO SERVICE CORP

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



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COVER LETTER

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

SUBJECT: REGALADO SERVICE 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 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

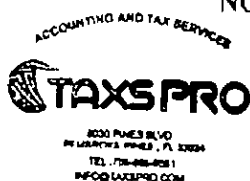
FROM: **TAX S PRO CORP**
Name (Printed or typed)
8030 PINES BLVD
Address
PEMBROKE PINES, FLORIDA 33024
City, State & Zip
786-3072733
Daytime Telephone number
INFO@TAXSPRO.COM
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FL

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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: **REGALADO SERVICE CORP**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2611 SW 9 ST, APT 7
FT LAUDERDALE, FL 33312

Mailing address, if different is:

2611 SW 9 ST, APT 7
FT LAUDERDALE, FL 33312

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**

Address **REGALADO, SINIA**

Address: **2611 SW 9 ST, APT 7**
FT LAUDERDALE, FL 33312

Name and Title:

Address

Address:

Name and Title:

Name and Title:

ACCOUNTING TAX SERVICES



2030 PINE BLVD
PLANTATION, FL 33324
TEL: 754-266-8051
INFO@TAXS PRO.COM

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TALLAHASSEE, FL

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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:

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

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/16/23 (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

03/16/23

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

03/16/23

Date



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