## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX 5 PR0 CORP Account Number : I20200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

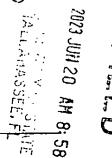
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: TNFO@TAXSPRO.COM

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## FLORIDA PROFIT/NON PROFIT CORPORATION CARLOS ROBERTO FRANCISCO CORP

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Electronic Filing Menu

Corporate Filing Menu

Help

Name an	d Title:	Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address		Address:	
		<u></u>	···
	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	TAX S PRO CORP		· Ø
Address:	8030 PINES BLVD		- 10
riddivss.	PEMBROKE PINES, FL 33024	-	~ ~ <b>3</b> 
		_	023 JUN 20 3EC
	11/202202-1202		20
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
			FS 55
	TAX S PRO CORP	-	r: œ
Address:	8030 PINES BLVD	-	
	PEMERCKE PINES , FL 33024	<del>-</del>	
ADTICLE VIII	EFFECTIVE DATE.		
Effective date, if	other than the date of filing: 06/20/23	. (OPTIONAL)	
(If an effective d	ate is listed, the date must be specific and canno	of be more than five days prior o	r 90 days after the
filing.)			
	inserted in this block does not meet the applicable feetive date on the Department of State's records.		date will not be listed as
are document a c	receive date on the pepartition of state a records.		
Having been nam certificate, I am fo	ed as registered agent to accept service of process for aniliar with and accept the appointment as register	or the above stated corporation at t red agent and agree to act in this co	he place designated in this apacity
			06/20/23
· · ·	Required Signal Registered Agent	_	Date
I submit this doc	ument and affirm that the lines stated herein are	true. I am aware that the folso is	oformation submitted in a
document to the l	Department of State constitutes a third degree felony	y as provided for in s.817.155, F.S.	garment sestiman di a
			06/20/23
Required Signatu	re/Incorporator	Date	JU/4V/43
•			

To: +18506176381

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

OSE 6	Principal street address TH ST, APT 2	2220 SE 6TI	Mailing address, if different is:  2220 SE 6TH ST, APT 2  POMPANO BEACH, FL 3306	
<b>MPAN</b>	O BEACH, FL 33062	TOWN AND BEACH, PE 330		
TLE III PU	RPOSE ch the corporation is organized is:			
Y AND	ALL LAWFUL BUSINESS		· <del>-</del>	
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nber of share  LE V INI  Name and	s of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS  Title: PRESIDENT		<i>Q</i> ) 2	
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## **COVER LETTER**

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

SUBJECT: CA	ARLOS ROBERTO	O FRANCISCO ATE NAME - MUSTINGL				
Enclosed are an original and one t	) copy of the articles of incorporation and a check fo			_		
<b>≤</b> \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
FROM:	TAX S PRO CORP  Name (Printed or typed)					
_		PINES BLVD Address				
		ES, FLORIDA 33	3024 <u>3</u>	202		
	786-3	072733	OLLAHASSEE	2 MOIL E	M	
	INFO@TAX	elephone number  SPRO.COM  d for future annual report r	* (G)	, <u>0</u> 0		
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NOTE: Please provide the original and one copy of the articles.