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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/08/23--01015--030 **128.75

W23000088112

COVER LETTER

Department of S	itate			
Division of Corp	oorations			
P.O. Box 6327				
Tallahassee, FL	32314			
SUBJECT:	ЕМРІ	RE TAX PROFESSIONALS, INC.		
Enclosed is an o	original and one	(1) copy of the Articles of Domestication and a check:		
FEES:				
	cate of Domestic of Incorporation	cation \$ 50.00 n and Certified Copy <u>\$ 78.75</u>		
Total fi	ling fee	\$128.75		
OPTIONAL:				
Certific	ate of Status	\$ 8.75	2023 JUL 1	, ,
From:	: 	INTERSTATE FILINGS LLC		4 e.s.m s. e.s.m s. im 4 e/1
		Name (printed or typed) 301 MILL RD. STE. U-5	PH 3: 24 TOT STAT ASSEE, FL	i I
		Address	24 FATE	
	HEWLETT, NY 11557			
		City, State & Zip		
		718-569-2703		
Daytime Telephone Number				
	contact@interst	atefilings.com		
•	E-mail address	: (to be used for future annual report notification)		

INHS53 (3/20)

June 23, 2023

INTERSTARE FILINGS LLC EMPIRE TAX PROFESSIONALS, INC. 301 MILL RD. STE. U-5 HEWLETT, NY 11557 US

SUBJECT: EMPIRE TAX PROFESSIONALS, INC.

Ref. Number: W23000088112

We have received your document for EMPIRE TAX PROFESSIONALS, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction and date of its formation is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please; call (850) 245-6052.

Dil Sultana Regulatory Specialist II

Letter Number: 523A0001427 = 3

Articles of Domestication Foreign Corporation Domesticating to Florida

The u	ndersigned, Revital Michaelov	CEO
	(Name)	(Title)
of	EMPIRE TAX PROFESSIONALS, INC.	, a foreign
corpo	ration, in accordance with s. 607.11922, Florida	Statutes, submit these Articles of
Dome	stication.	
1.	Then name of the domesticating corporation is	EMPIRE TAX PROFESSIONALS, INC.
		(Foreign Corporation)
2.	The jurisdiction and date of its formation is	NEW YORK 12/29/2008
3.	The name of the domesticated corporation is _	EMPIRE TAX PROFESSIONALS, INC.
4.	The jurisdiction of formation of the domesticat	ed corporation is Florida
5.	The domestication corporation is a foreign corporation is a foreign corporation is a foreign corporation.	-
6.		o complete the domestication
l certii	fy I am authorized to sign these Articles of Dome	stication on behalf of the corporation
	(Authorize	ed Signature)

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME		
THE NAME OF THE CORPORATION SHALL BE	:	
EMPIRE TAX PROFESSIONALS.	INC.	_
ARTICLE II PRINCIPAL OFFIC	C E	
THE PRINCIPAL PLACE OF BUSINESS/MAILIN	IG ADDRESS IS:	
Principal Address	Mailing Address	
81-04 Chevy Chase Street	81-04 Chevy Chase Street	_
Jamaica, NY 11432	Jamaica, NY 11432	_
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:	00	· 2023 JU
ARTICLE VI REGISTERED	AGENT AND STREET ADDRESS S (P.O. BOX NOT ACCEPTABLE) OF THE REGIST	
THE NAME AND FLORIDA STREET ADDRES	<u>ss</u> (P.O. BOX NOT ACCEPTABLE) OF THE REGIS	TERED'AGENT IS:
Revital Michaelov		ႏိုက္က မွာ
3800 South Ocean Drive, Sutc 811		25 ATE
Hollywood, FL 33019		
ABOVE STATED CORPORATION AT THE PL	GENT AND TO ACCEPT SERVICE OF PROCE LACE DESIGNATED IN THIS CERTIFICATE, I S REGISTERED AGENT AND AGREE TO ACT	AM FAMILIAR
Fly	4/5/2	1023
Signature/Registered Agent	Date	

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title:	Revital Michaelov, CEO	Name & Title:	
Address:	81-04 Chevy Chase Street	Address:	
	Jamaica, NY 11432		
Name & Tisler			
name & 1 me:		Name & Title.	
Address:		Address:	
Name & Title:			
Address:			
Name & Title:		Name & Title:	
Address:		Address:	<u> </u>
			AT A
			3: 25 F, FL
	cument and affirm that the facts nitted in a document to the Depa .817.155.F.S.		
Y	Zen		4/5/2023
Signature/Auth	orized Person		Date