

P24000056565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

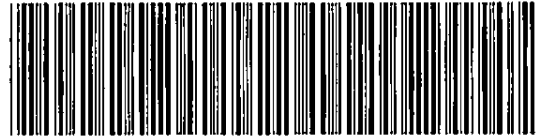
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Certified Copies _____

Certificates of Status _____

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Office Use Only



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2024 SEP -6 AM 9:47

STATE
TALLAHASSEE, FL

RECEIVED

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STATE
TALLAHASSEE, FL
FLORIDA

NS

COVER LETTER

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

SUBJECT: T and T Tax Services 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: Derico D Jones Jr

Name (Printed or typed)

2550 Okeechobee Blvd, #G1+2

Address

West Palm Beach, FL 33409

City, State & Zip

(561) 962-1022

Daytime Telephone number

ra@websolver.net

E-mail address: (to be used for future annual report notification)

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 NAME

The name of the corporation shall be: T and T Tax Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1260 Northlake Blvd, #1050

Lake Park, FL 33403

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This business is being organized

to complete financial services for individuals and small businesses

such as taxes, bookkeeping, credit consulting and consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shelanda Green | Chief Executive Officer

Name and Title: Donta Jenkins | Chief Operating Officer

Address 1260 Northlake Blvd, #1050,
Lake Park, FL 33403

Address: 1260 Northlake Blvd, #1050,
Lake Park, FL 33403

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

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: eBurst Services Inc

Address: 2550 Okeechobee Blvd, G+2

West Palm Beach, FL 33409

ARTICLE VII INCORPORATOR

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

Name: eBurst Services Inc

Address: 2550 Okeechobee Blvd, G+2

West Palm Beach, FL 33409

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/6/2024 (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

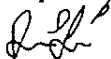


Required Signature/Registered Agent

9/6/2024

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



9/6/2024

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL