P960000 67800

TRANSMITTAL LETTER

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



SUBJECT: The Income Tax Clinic, Inc.



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Enclosed is an original one (1) copy of the articles of incorporation and check for:

\$70.00

<u>X</u>\$78.75

\$122.50

<u>\$131.25</u>

Filing Fee

Filing Fee & Certificate

Filing Fee & Certified Copy Filing Fee & Certified Copy &

Certificate

FROM:

A B Y PARALEGAL, INC

ADDRESS: 175 Fontainebleau Blvd

Suite 2G6-a

Miami, Fl 33172

TELEPHONE: 305-226-0800

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5/14

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

The Income Tax Clinic, Inc.



ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10300 S.W. Sunset Street. Suite 152 Miami, Fl 33173

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 no par value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial registered agent is:

Wilkin Caseres Fernandez

10300 S.W. Sunset Street Suite 152 Mlami, FL 33173

ARTICLE_V_INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Wilkin Caseres Fernandez 9200 SW 43 St Miami, Ft 33165

The undersigned incorporator(s) has(have) executed these Articles of Incorporation

this 8th Day of August, 1996

Mille	
Signature	
Signature	
Signature	

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

The Income Tax Clinic, Inc.

2. The name and address of the registered agent and office is:

> 10300 SW 72nd Street Suite 152 Miami, FI 33173

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Wilkis Careves 9200 5W 43 st Miani, FL 33165