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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : I2020000009 Phone : (954)544-1000

Fax Number : (954)678-4500

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

Email Address:

HELLO@JTAXCORP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION MHD SOLUTIONS CORP

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Fax: (850) 617-6381

Page: 2 of 3

04/06/2022 12:49 PM

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

•	shall be: MHD SOLUTIO			
RTICLE II PRINCIP.		14.22	in to tree of	
Principal street address Principal street address		SAME Mailing	Mailing address, if different is:	
OCONUT CREEK FL 3	3073			
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	ck is: 1000			
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rom: Jtax Corp Fax: 19546784500 To: Fax: (850) 617-6381 Page: 3 of 3 04/05/2022 12:49 PM

Name an	d Title;	Name and Title:
Address	<u> </u>	Address:
	REGINTERED AGENT lorida street address (P.O. Box NOT accepta	ole) of the registered agent is:
Name:	JTAX CORP	
Address:	23123 FL-7 SUITE 315	
	BOCA RATON, FL 33428	
ARTICLE VII	INCORPORATOR	
	ddress of the Incorporator is:	
Name:	JTAX CORP	
Address:	23123 FL-7 SUITE 315	
	BOCA RATON, FL 33428	
Effective date, if	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days after the
	e inserted in this block does not meet the app effective date on the Department of State's re	icable statutory filing requirements, this date will not be listed as cords.
		ocess for the above stated corporation at the place designated in this egistered agent and agree to act in this capacity
	Required Signature/Registered Age:	04/06/2022 nt Date
* *		
	Cument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.
		04/06/2022
Required Signati	ure/Incorporator	Date
		2022 APR