

Division of Corporations

PA 000062470
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : JTAX CORP
Account Number : I20200000009
Phone : (954)544-1000
Fax Number : (954)678-4500

2022 AUG -9 AM 10:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

**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

2022 AUG -9 PM 3:22

ALONG ORIGINAL

FLORIDA PROFIT/NON PROFIT CORPORATION
PATRICIA MACHADO BARBOSA AGUIRRE PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

T. SCOTT
AUG 10 2022

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: PATRICIA MACHADO BARBOSA AGUIRRE PA

ARTICLE II PRINCIPAL OFFICE

Principal street address: 5358 NW 125th ave, Coral Springs FL 33076. Mailing address, if different is: SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL STATE ASSOCIATE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Table with 2 columns: Name and Title, Address. Row 1: PATRICIA MACHADO BARBOSA AGUIRRE, PRESIDENT, 5358 NW 125th ave, Coral Springs FL 33076.

Empty rows for Name and Title, Address.

Empty rows for Name and Title, Address.

FILED stamp: 2022 AUG -9 AM 10:52, DIVISION OF CORPORATIONS, TALLAHASSEE, FLORIDA

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: JTAX CORP
 Address: 23123 STATE RD 7 STE 315
BOCA RATON, FL 33428

ARTICLE VII INCORPORATOR

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

Name: JTAX CORP
 Address: 23123 STATE RD 7 STE 315
BOCA RATON, FL 33428

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

_____ 08/09/2022
 Required Signature/Registered Agent 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.

_____ 08/09/2022
 Required Signature/Incorporator Date