

10/9/23, 11:42 AM

Division of Corporations

**P230000072415**

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

**\*\*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**  
**IDEAL SOLUTIONS USA CORP**

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

2023 OCT -9 PM 1:01  
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TALLAHASSEE, FL

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Corporate Filing Menu

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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: IDEAL SOLUTIONS USA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address  
5510 LYONS RD #106  
COCONUT CREEK, FL, 33073Mailing address, if different is:  
SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROBERTO RODRIGUES - PRESIDENT

Name and Title: \_\_\_\_\_

Address 5510 LYONS RD, APT 106

Address: \_\_\_\_\_

COCONUT CREEK, FL, 33073

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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From: Jtax Corp

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10/09/2023 2:44 PM

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

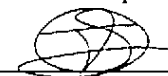
**ARTICLE VIII EFFECTIVE DATE:**

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*



\_\_\_\_\_  
Required Signature/Registered Agent

10/09/2023

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

10/09/2023

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