Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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FLORIDA PROFIT/NON PROFIT CORPORATION LJ TAX SOLUTION INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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

	the corporation shall be:		
	PRINCIPAL OFFICE Principal street address UTILIPLACE	Mailing address, if dil	Terent is:
MIAMI FL.3;			
(RTICLE III he purpose fo	PURPOSE r which the corporation is organized is:	eral	
	res of stock is:		2 84 B
Name and	NITIAL OFFICERS AND OR DIRECTOR Title: MARIEL RAMIREZ, DIR	Name and Title:	26
Address	10960 SW 144TH PLACE		
لبقينا اندناه د		Address:	\$
2 5 West Suppl	MIAMI FL 33186	Address:	AH 10 59
	MIAMI FL 33186 ROBERTO LOPEZ, DIR		<u>ଅ</u> 59
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Name and Ti Address	MIAMI FL 33186 tle: ROBERTO LOPEZ, DIR 10960 SW 144TH PLACE MIAMI FL 33186	Name and Title:Address:	

Мате вло	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
the name and Flo	orida street address (P.O. Box NOT acceptable) of the	he registered agent is:
Name:	MARIEL RAMIREZ	
Address;	10960 SW 144TH PLACE	
	MIAMI FL 33186	
ARTICLEVU	INCORDON (TOP	
	INCORPORATOR	
The name and ad	ddress of the Incorporator is:	
Name:	MARIEL RAMIREZ	
Address:	10960 SW 144TH PLACE	
	MIAMI FL 33186	
4.P.T.(
Effective date if	EFFECTIVE DATE: other than the date of filing:	
(If an effective d days after the fil		. (OPTIONAL) t be more than five business days prior or 90 husiness
Note: If the date the document's el	inserted in this block does not meet the applicable of the date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been nan this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in sistered agent and agree to act in this capacity
	Required Signature Registered Agent	04/25/18
I submit this doc	"Ument and affirm that the co	Date
locument to the	Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a ty as provided for in s.817.155, F.S.
Record	M. Panisa	04/25/105
requi	and a signature (conformer)	Date