ivision Corpora ig Cox

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To:

Division of Corporations

Fax Number : (850)617-6381

K. PAGE

From:

Account Name : JTAX CORP Account Number : I2020000009 Phone : (954)544-1000 Fax Number : (954)678-4500 MAY 2 1 2020

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 **DEBOCHE IMPORTS CORP**

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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: _DEBOCHE IMPORTS	S CORP ^{L.}	€	
ARTÍGLE II PRINCIP.	AL OFFICE ncipal street address		Mailing address, if different is:	
6107 NW 70TH AVE			<u></u>	
TAMARAC, FL 3332				
The purpose for which the	Ecorporation is organized is: ANY AN	ND ALL LAWFUL BUS	INESS.	
<u></u>				
	ck is: 1000 OFFICERS AND/OR DIRECTORS			
	<u>VINSTON WEBLEY - Presider</u> 107 NW 70TH AVE	nt Name and Title: Address:		
T.	AMARAC, FL 33321	Address.	20 TR	
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Name and Title:	<u> </u>	Name and Title:	SS: E	
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Fax: 19546784500 To: Fax: (850) 617-6381 05/19/2020 7:15 PM From: Andrea Russo Page: 3 of 3 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: JTAX.CORP Name: 23123 STATE RD 7 STE 315 Address: BOCA RATON, FL 33428 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JTAX CORP Name: 23123 STATE RD 7 STE 315 Address: BOCA RATON, FL 33428 <u>ARTICLE VIII EFFECTIVE DATE:</u> Effective date, if other than the date of filing: ___ (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 tiling 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

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

05/19/2020 Date

Date 05/19/2020