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Division of Corporations

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From:

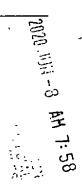
Account Name : JTAX CORP
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Brail Address. HELLO@JTAXCORP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION ORGANOVITA USA CORP

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06/06/2020 1:05 PM

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

NW 6 CT	IP.41. OFFICE Principal <u>street</u> address	Mailing	address, if different is:
CLE III PURPO urpose for which th	DSE ne corporation is organized is: Al	NY AND ALL LAWFUL BUSINE	:SS.
CLE IV SHARE imber of shares of s	ES 1000 stock is:		
	L OFFICERS AND/OR DIRECT		
Name and Title	EVALDA POSTINGHER	President Name and Title:	
Name and Title	EVALDA POSTINGHER		
Name and Title	EVALDA POSTINGHER 6711 NW 6 CT MARGATE FL 33063	President Name and Title:	
Name and Title Address	EVALDA POSTINGHER 6711 NW 6 CT MARGATE FL 33063	President Name and Title: Address:	
Name and Title Address Name and Title:	EVALDA POSTINGHER 6711 NW 6 CT MARGATE FL 33053	President Name and Title: Address: Name and Title: Address:	
Name and Title Address Name and Title: Address	EVALDA POSTINGHER 6711 NW 6 CT MARGATE FL 33063	President Name and Title: Address: Name and Title: Address:	

From: Andrea Russo Fax: 19546784500 To: Fax: (850) 617-6381

Name	and Title:	Name and Title:	
Addre	ess	Address:	
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable JTAX CORP) of the registered agent is:	
Name: Address:	23123 STATE RD 7 STE 315	_	76
	BOCA RATON FL 33428		7
ARTICLE VI	I INCORPORATOR		<u>.</u> .
The name and Name:	Laddress of the Incorporator is: JTAX CORP		
Address:	23123 STATE RD 7 STE 315	——————————————————————————————————————	
	BOCA RATON FL 33428	<u> </u>	
Effective date, (If an effective filing.) Note: If the d	II EFFECTIVE DATE: , if other than the date of filing: the date is listed, the date must be specific and can tate inserted in this block does not meet the applicate of seffective date on the Department of State's recor	nnot be more than five days prior or able statutory tiling requirements, this o	
	named as registered agent to accept service of proce in familiar with and accept the appointment as regi	stered agent and agree to act in this cap	pacity .
	Required Signature/Registered Agent		0 <u>6/02/2020</u> Date
document to th	document and affirm that the facts stated herein the Department of State constitutes a third degree fe	lony as provided for in s.817.155, F.S.	(ormation submitted in a
Required Sign	ature/Incorporator	Date	

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