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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : TAX 4 TRUCKS INC
Account Number : 120190000100
Phone : (305)764-3080
Fax Number : (305)675-6155

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2020 JUL 17 PM 4:44
TALLAHASSEE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jorge@tax4trucks.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
J & BP HEALTH GROUP INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
2020 JUL 20 AM 10:29
DIVISION OF CORPORATIONS
TALLAHASSEE
COMMERCIAL
REGISTRATION SERVICES

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: J & BP HEALTH GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13050 MAR ST
CORAL GABLES, FL 33156

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BLANCA PADRON: P

Name and Title: JESSICA PADRON: V

Address 13050 MAR ST

Address: 13050 MAR ST

CORAL GABLES, FL 33156

CORAL GABLES, FL 33156

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: BLANCA PADRON
Address: 13050 MAR ST
CORAL GABLES, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

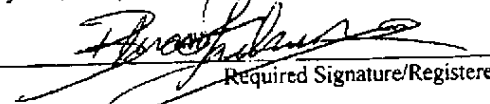
Name: BLANCA PADRON
Address: 13050 MAR ST
CORAL GABLES, FL 33156

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

 _____ 7/7/2020
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.

 _____ 7/7/2020
Required Signature/Incorporator Date