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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 : 120700000009
Phone : (954) 544-1000
Fax Number : (554) 678-4500

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
DC SERVICES USA CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DC SERVICES USA CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:
4642 ADDISON ST BOCA RATON FL 33428

Mailing address, if different is:

ARTICLE III PURPOSEThe 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: DAYANNE MAIRA COSTA PRESIDENTName and Title: ROSANGELA QUINTAL ROCHA VICE PRESIDENTAddress: 4642 ADDISON ST BOCA RATON FL 33428Address: 4642 ADDISON ST BOCA RATON FL 33428

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2020 OCT 13 PM 5:04

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JTAX CORP
Address: 23123 STATE ROAD 7 SUITE 315
BOCA RATON FL 33428

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JTAX CORP
Address: 23123 STATE ROAD 7 SUITE 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 Date 10/12/2020

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 10/12/2020

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