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To:	Division of Corporations Fax Number : (850)617-6381
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944
Enter an	the email address for this business entity to be used for future mual report mailings. Enter only one email address please.
Em	mail Address:

FLORIDA PROFIT/NON PROFIT CORPORATION PRO-VISION TAX SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Pro-Vision Tax Services Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
P: 7852 sw 24 st Miami II 33155
M:1831 sw 83 ave MIAM fL 33155
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
LYSMARIS JIMENEZ -PRESIDENTE
JUAN MIGUEL SANTANA - VICEPRESIDENTE
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is: 1 YSMABIS JIMENEZ
LYSMARIS JIMENEZ
1831 SW 83 AVE MIAMI FL 33155
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
LYSMARIS JIMENEZ
1831 SW 83 AVE MIAMI FL 33155

Required Signatures:

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

.b	01 / 13 / 2021
Registered Agent	Ditte

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.

Here.	01 / 13 / 2021
Incorporator	Date

2021 Jali 19 Ali 7:00