

**P21000006178**

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 : 120200000009  
Phone : (954)544-1000  
Fax Number : (954)678-4500

**\*\*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  
IMPACT HOME SERVICES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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JAN 29 2021

**W21-9448**

21 JAN 29 PM 8:51

2021 JAN 20 AM 8:00

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JAN 29 2021

**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: IMPACT HOME SERVICES CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3110 NE 9TH TERRACE

POMPANO BEACH, FL 33064

Mailing address, if different is:

SAME

**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: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CARLOS H LEITE RIO ORTIZ PRESIDENT Name and Title: \_\_\_\_\_

Address 3110 NE 9TH TERRACE

Address: \_\_\_\_\_

POMPANO BEACH, FL 33064

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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POMPANO BEACH, FL 33064

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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: JTAX CORP  
Address: 23123 STATE ROAD 7 STE 315  
BOCA RATON, FL 33428

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

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

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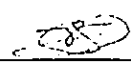
**ARTICLE VIII EFFECTIVE DATE:**

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

1/27/2021

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

1/27/2021

\_\_\_\_\_  
Date