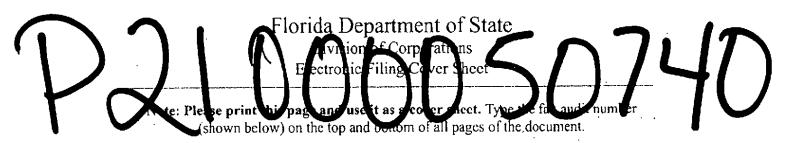
5/26/2021

Φ

Division of Corporations



(((H21000211330 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX S PRO CORP Account Number : I20200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

\*\*Enter the email address for this business entity to be used for future

TNFO @ TAXSPO. Com.

annual report mailings. Enter only one email address please.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION JAM PROFESSIONAL SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

:. .: •

**凰1of5** 



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2021

TAX S PRO CORP

SUBJECT: JAM PROFESSIONAL SERVICES CORP

REF: W21000077432

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide a handwritten signature for the registered agent.

From: +19544207118 (TAX S PRO)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Steve J Kurisko Regulatory Specialist II New Filings

FAX Aud. #: H21000211330 Letter Number: 421A00011519



**□ \$**87.50

3 of 5

## **COVER LETTER**

Department of State **New Filing Section** Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

\$70.00

SUBJECT:	JAM	PROFESSIONAL	SERVICES	CORP
		(PROPOSED CORPORATE NAME -	MUST INCLUDE SUFFIX)	

Enclosed are an original and one (1) copy of the articles of incorporation and a check for.

□ \$78.75

Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO			
FROM:		PRO CORP			
Name (Printed or typed)  8030 PINES BLVD					
		Address		ال الا الا	
	PEMBROKE I		33024	21 MAY 27 SEORE LARY LLAHASSE	חד
	City	y, State & Zip		27 28 28 28 27	=
	INFO@TAXSPRO.COM				
	E-mail address: (to be us	ed for future annual report no	otification)		

**\$78.75** 

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME The name of the corporation	on shall be: JAM PROFESSIO	NAL SERVICES C	CORP	
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing addre	Mailing address, if different is:	
180 EAST DA	NIA BEACH BLVD, APT 326 1, FL 33004	326	HIA BEACH BLVD,	
ARTICLE III PURPOS The purpose for which the c		-DANIA BEACH,	-FL 33004	
ANY AND A	LL LAWFUL BUSINESS	•		
				<del></del>
		·		
ARTICLE IV SHARE. The number of shares of st		<del></del>	==1	
	OFFICERS AND/OR DIRECTORS P RODRIGUEZ RIVAS JOEL ALONSO	Name and Title	21 MAY A SECRETA ALLAHA	7
Address	180 E DANIA BEACH BLVD, APT 3: DANIA BEACH, FL 33004	Address:	77 P#	– Li
- -	DAUTH BEACH, FE 33004		20 14 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	_ (1)
Name and Title:		Name and Title:		_
Address				
_				<del>-</del>
Name and Title:		Name and Title:		_
Address _		_ Address;		_
_				_

Name and	1 Title;N	lame and Title:
Address	A	ddress:
	·	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the	registered agent is:
Name:	TAX S PRO CORP	
	8030 PINES BLVD	SEC ALL.
Address:	PEMBROKE PINES , FL 33	1024
		ASS
ADTICLE VII	INCOPPOBLITAD	ក្តី <sub>ភ</sub> កា
	INCORPORATOR	12 m
The name and ad	dress of the Incorporator is:	0 H
Name:	ANWAR PUELLO	₽m on
Address:	8030 PINES BLVD, PEMBROKE PINES , FL 33024	
ARTICLE VIII	EFFECTIVE DATE: 05/26/20	21
Effective date, if of	EFFECTIVE DATE: 05/26/20 other than the date of filing:	(OPTIONAL)
filing.)	we wasted, the date indust we specific and cannot be	e more than live days prior or 90 days after the
Note: If the date	inserted in this block does not meet the applicable stat	utory filing requirements, this date will not be listed as
the document's ef	fective date on the Department of State's records.	and your delivery and all of the first of the as
Having been name	ed as revisioned opens to accompany the of mocess for the	e above stated corporation at the place designated in this
certificate, I am fa	miliar with and accept the appointment as registered a	yent and agree to act in this capacity
ANW	AR PUELLO	05/26/2021
	Required Signature/Registred Agent	Date
I submit this docu	ment and affirm that the facts stated herein are true	. I am aware that the false information submitted in a
40cument to the D	epartment of State constitutes a third degree felony as	provided for in s.817.155, F.S.
n ( ( )		05/26/2021
Required Signatur	e/Incorporator	Date