

5/26/2021

Division of Corporations

**P21000050740**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and number (shown below) on the top and bottom of all pages of the document.

((H21000211330 3)))



H210002113303ABCN

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

21 MAY 27 PM 3:56

**FILED**

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

Email Address: INFO @ TAXSPRO.COM.

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

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

2021 MAY 27 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



May 27, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

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. #: E21000211330  
Letter Number: 421A00011519

21 MAY 27 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

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

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:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: **TAX S PRO CORP**  
Name (Printed or typed)  
**8030 PINES BLVD**  
Address  
**PEMBROKE PINES , FL 33024**  
City, State & Zip  
**786-307-2733**  
Daytime Telephone number  
**INFO@TAXSPRO.COM**  
E-mail address: (to be used for future annual report notification)

21 MAY 27 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314  
FILED

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 shall be: JAM PROFESSIONAL SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

180 EAST DANIA BEACH BLVD, APT 326  
DANIA BEACH, FL 33004

180 EAST DANIA BEACH BLVD, APT 326  
DANIA BEACH, FL 33004

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: P RODRIGUEZ RIVAS JOEL ALONSO Name and Title:

Address: 180 E DANIA BEACH BLVD, APT 326  
DANIA BEACH, FL 33004 Address:

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

FILED  
21 MAY 27 PM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: TAX S PRO CORP  
 Address: 8030 PINES BLVD  
PEMBROKE PINES , FL 33024

FILED  
 21 MAY 27 PM 3:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ANWAR PUELLO  
8030 PINES BLVD,  
 Address: PEMBROKE PINES , FL 33024

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/26/2021 (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*

**ANWAR PUELLO**

Required Signature/Registered Agent

**05/26/2021**

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

**05/26/2021**

Date