Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : 12020000009 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

One Public Adjuster Inc

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

To:

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

ARTICLE I NAME						
The name of the corporat	ion shall be: ONE PUBLIC ADJUSTER I	INC -				
ARTICLE II PRINC		Mailing address, if different is:				
1472 SW 26TH AVE UNIT A		SA	ME	· ·		
BOYNTON BEACH, FL 33426						
		· · · · · ·	_			
ARTICLE III PURPO						
The purpose for which the	he corporation is organized is: _ANY	AND ALL LAWFUL BUSIN	łESS			
· · · · · · · · · · · · · · · · · · ·					-	
			•			
	· · ·					
				· · · · · · · · · · · · · · · · · · ·		
ARTICLE IV SHARI	FS			2021 DEC 15		
	stock is: 1000				Ţ	
				0.0	٠,	
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTO	I P C		ALLAMIASSE		
				or o		
Name and Title	LUCIANO LOPES SOUZA PI	RESIDENTName and	Title:		·	
Address	1472 SW 26TH AVE APT A	Address:		2: 3		
Address	1412 014 20111AVEACTA	Address.		<u>, μ</u>		
	BOYNTON BEACH, FL 33426					
						
Name and Title:		Name and	Title:			
Address		Address:				
	· · · · · · · · · · · · · · · · · · ·					
			m- 1			
Name and Title:		Name and	Title:	·		
Address		Address:				
						
						

tax Corp	Fax: 19546784	800 ′ To:	Fax:	(850) 617-6381	Page: 3 of 3	12/15/2021 12:02 PM
1	Name and Title:			Name and Title:		
	Address		-	Address:		
						_
		TERED AGENT treet address (P.O. Bo	x NOT acceptable) of	the registered agent is	s:	
Name:	JTAX	CORP				
Address	: <u>2312</u> :	3 FL-7 SUITE 315				
	BOCA	RATON, FL 33428	·····			
The nam	_	of the Incorporator is:				
Name Add		3123 FL-7 SUITE 315				
		OCA RATON, FL 33428				
Effective	date, if other th	CTIVE DATE: nan the date of filing: _ isted, the date must b	01/01/2022 e specific and canno	. (OPTIO	ONAL) days prior or 90	days after the
		d in this block does no date on the Departmen				will not be listed as
		egistered agent to accept with and accept the ap				
		A)		12	/15/2021
		Required Signature/I	Registered Agent			Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a

12/15/2021

Date

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator