

4/20/22, 12:54 PM

Division of Corporations

P220000030728
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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H220001432493ABC.

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

Email Address: **INFO@TAXSPRO.COM**

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FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 BUSINESS SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
 OX VALUATIONS CORP**

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

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2023 APR 22 PM 1:47

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Electronic Filing Menu

Corporate Filing Menu

Help



April 21, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAX S PRO CORP

SUBJECT: OX VALUATIONS CORP
REF: W22000052982

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.

You must list at least one incorporator with a complete business street address.

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

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H22000143249
Letter Number: 722A00009347

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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: OX VALUATIONS 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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

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

FROM: TAX S PRO CORP
Name (Printed or typed)
8030 PINES BLVD
Address
PEMBROKE PINES, FLORIDA 33024
City, State & Zip
786-3072733
Daytime Telephone number
INFO@TAXSPRO.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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: OX VALUATIONS CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
11100 SW 196TH ST, APT 118C 11100 SW 196TH ST, APT 118C
CUTLER BAY, FL 33157 CUTLER BAY, FL 33157

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: PRESIDENT Name and Title:
LOPEZ, OXDIEL
Address: Address:
11100 SW 196TH ST, APT 118C
CUTLER BAY, FL 33157

Name and Title: Name and Title:
Address: Address:

Name and Title: Name and Title:
Address: Address:

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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: TAX S PRO CORP

Address: 8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANWAR I PUELLO

Address: 8030 PINES BLVD
PEMBROKE PINES FL 33024

ARTICLE VIII EFFECTIVE DATE: 04/20/2022

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

04/20/2022

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

04/12/2022

Date

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ALLA ASSOCIATES, FL