# P23000013827

## 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 audit number (shown below) on the top and bottom of all pages of the document.

### (((H23000067095 3)))

H230000670953ABC%

**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    : JTAX CORP
        Account Number  : I20200000009
        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
## ODONNEL SERVICES CORP

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

Electronic Filing Menu        Corporate Filing Menu        Help

# 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:___ODONNEL SERVICES CORP_____

## ARTICLE II     PRINCIPAL OFFICE
Principal **street** address          Mailing address. if different is:

9440 SW 8TH ST APT 215          SAME

BOCA RATON, FL, 33428

## 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: SILVANIA ODONNEL     PRESIDENT          Name and Title:_____

Address     9440 SW 8TH ST APT 215          Address:_____

BOCA RATON, FL, 33428

Name and Title:_____          Name and Title:_____

Address_____          Address:_____

Name and Title:_____          Name and Title:_____

Address_____          Address:_____

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 RD 7 STE 315_____

          BOCA RATON, FL 33428_____

## *ARTICLE VII    INCORPORATOR*

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

Name:          JTAX CORP_____

Address:          23123 STATE RD 7 STE 315_____

          BOCA RATON, FL 33428_____

## *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*

_____          02/21/2023
Required Signature/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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Wilvania J. O'Donnell          02/21/2023
Required Signature/Incorporator          Date