

Florida Department of State
Division of Corporations
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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 annual report mailings. Enter only one email address please.**

Email Address: _____

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GAHPE CORPORATION**

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: GAHPE CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address23123 STATE RD 7 STE 315 OFFICE GBOCA RATON, FL, 33428Mailing address, if different is:
SAME**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**SAULO HENRIQUE FERREIRA PRESIDENT
Name and Title: _____Address 23123 STATE RD 7 STE 315 #GBOCA RATON, FL, 33428

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: JTAX CORPAddress: 23123 STATE RD 7 STE 315BOCA RATON, FL 33428**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: JTAX CORPAddress: 23123 STATE RD 7 STE 315BOCA 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*_____
Required Signature/Registered Agent05/25/2023_____
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/Incorporator05/25/2023
Date

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DEPT OF STATE