

Division of Corporations

# P23000042704

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.

((H23000200359 3))



H230002003593ABCY

**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: \_\_\_\_\_

2023 JUN -2 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FL  
**FILED**

**RECEIVED**  
2023 JUN -2 PM 1:51  
CORPORATIONS  
COMMERCIAL  
SERVICES

## FLORIDA PROFIT/NON PROFIT CORPORATION VICENTILE CORP

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

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: VICENTILE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address: 4550 NW 18TH AVE PH 2  
DEERFIELD BEACH FL 33064  
Mailing 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

Name and Title: RUAN NATAL VICENTIN - PRESIDENT Name and Title: \_\_\_\_\_  
Address: 4550 NW 18TH AVE PH 2 Address: \_\_\_\_\_  
DEERFIELD BEACH FL 33064

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2023 JUN -2 PM 4:15  
CLERK OF STATE  
TALLAHASSEE FL

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 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.

FILED  
 JUN - 23 PM 5:15  
 DEPT OF STATE  
 TALLAHASSEE FL

*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 06/01/2023  
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/Incorporator 06/01/2023  
Date