

6/6/23, 11:53 AM

**P23000043599**

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

*JP*

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**INFO@TAXSPRO.COM**

Email Address: \_\_\_\_\_

RECEIVED

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CORPORATIONS  
COMMERCIAL  
SERVICE

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AMAZONIAS USA CORP**

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

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FL

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FILED

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:

Address: TAX S PRO CORP  
8030 PINES BLVD  
PEMBROKE PINES , FL 33024

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 TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/06/23 (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  
 \_\_\_\_\_  
 Date 06/06/23

*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  
 \_\_\_\_\_  
 Date 06/06/23

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: **AMAZONIAS USA CORP**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

**1219 NW 2nd ST**  
**APT 405**  
**MIAMI, FL 33125**

Mailing address, if different is:

**1219 NW 2nd ST,**  
**APT 405**  
**MIAMI, FL 33055**

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**

Address: **HERNANDEZ GONZALEZ, LOREISIS SINELLY**

**1219 NW 2nd ST , APT405**  
**MIAMI, FL 33125**

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

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40

## COVER LETTER

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

**SUBJECT: AMAZONIAS USA 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)

**NOTE: Please provide the original and one copy of the articles.**

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