

From: Jtax Corp

Fax: 9546784500

To:

Fax: (850)

PM

8/1/23, 1:5

Division of

P230000056641

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 : JTAX CORP

Account Number : 120200000009

Phone : (954)544-1030

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

PXP GENERAL SERVICES CORP

Certificate of Status	0
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Corporate Filing Menu

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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: PXP GENERAL SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

8079 MIZNER LN

BOCA RATON, FL 33433

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: JOAO PEDRO PASSOS PORTO - PRESIDENTAddress 8079 MIZNER LNBOCA RATON, FL 33433

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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 JAL

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 Agent

08/01/2023

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

08/01/2023

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[ALL INFO SENT TO OPIID]