Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6391

From:

Account Name : JTAX CORP Account Number : 120200000009 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. **

HELLO@JTAXCORP.COM Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION VERTEBRA USA CORP

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Help

ARTICLES OF INCORPORATION

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

PAL OFFICE rincipal <u>street</u> address GHT WAY 13498	SAME Mailin	g address, if different is:
E corporation is organized is:ANY AND AL	L LAWFUL BUSINESS	
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	-	
	Address:	
	Name and Title:	
	corporation is organized is:ANY AND AL OCK is:1000 OFFICERS AND/OR DIRECTORS ARIA EDUARDA VILLA-CHAN DUTRA - PR 8579 HARBOR LIGHT WAY OCA RATON, FL 33498	corporation is organized is:ANY AND ALL LAWFUL BUSINESS

From: Jian Corb

Fax: 1

Required Signature/Incorporator

9546784500	To.	Fax.	(850)	617-6381

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08/02/2023

Date

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: JTAX CORP Name: Address: 23123 STATE RD 7 STE 315 BOCA RATON, FL 33428 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 08/02/2023 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.