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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 future annual report mailings. Enter only one email address please.****

Email Address: HELLO@JTAXCORP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
HD BY RS CORP

| | |
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SECRETARY OF STATE
TALLAHASSEE, FL

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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: HD BY RS CORPARTICLE II PRINCIPAL OFFICEPrincipal street address5332 VIBURNUM CIRDELRAY BEACH, FL 33484

SAME

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ROBSON CAMARA SOUZA - PRESIDENT

Name and Title: _____

Address 5332 VIBURNUM CIR

Address: _____

DELRAY BEACH, FL 33484

TANIA BRITTO SOUZA - VICE PRESIDENT

Name and Title: _____ Name and Title: _____

Address 5332 VIBURNUM CIR

Address: _____

DELRAY BEACH, FL 33484

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
DELRAY BEACH, 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 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

8/15/2023

 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

8/15/2023

 Date

SECRETARY OF STATE
 TALLAHASSEE, FL

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