

P23000074518

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.

((H23000364631 3)))



H230003646313ABC

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 : TAX 5 PRO CORP
Account Number : I20200000147
Phone : (786)307-2733
Fax Number : (954)420-7118

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

Email Address: INFO(2)TAX5PRO.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
ESTRADA GLOBAL SOLUTIONS INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

2023 OCT 18 PM 2:39

2023 OCT 18 PM 8:55

ma

COVER LETTER

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

SUBJECT: ESTRADA GLOBAL SOLUTIONS INC
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy 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.

2023 OCT 18 PM 8

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: **ESTRADA GLOBAL SOLUTIONS INC**

| | |
|---|-----------------------------------|
| <u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address | Mailing address, if different is: |
| <u>1045 W 32ND ST</u> | <u>1045 W 32ND ST</u> |
| <u>HIALEAH, FL 33012</u> | <u>HIALEAH, FL 33012</u> |

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: _____ | _____ |
| Address <u>PRESIDENT</u> | Address: _____ |
| <u>ESTRADA TORRES,BIANNEL</u> | _____ |

| | |
|--------------------------------------|-----------------------|
| Address <u>1045 W 32ND ST</u> | Name and Title: _____ |
| <u>HIALEAH, FL 33012</u> | Address: _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

2023 OCT 18 PM 8:55
FAXED

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

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/18/2023 (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 10/18/2023

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 10/18/2023

FILED
2023 OCT 18 PM 8:55
SUN
TALLAHASSEE, FL