

1/25/24, 3:49 PM

**P24000006338**  
Division of Corporations  
Florida Department of State  
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

\*\*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@TAXSPRO.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
JUAN C FLOREZ CORP**

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

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2024 JAN 25 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 JAN 25 PM 3:06

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T.S.H  
1/26/24

### COVER LETTER

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

**SUBJECT: JUAN C FLOREZ 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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TALLAHASSEE, FLORIDA

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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: JUAN C FLOREZ CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address  
8343 SW 5 ST, BUILDING 9  
APT 205.  
PEMBROKE PINES, FL 33025

Mailing address, if different is:

8343 SW 5 ST, BUILDING 9  
APT 205.  
PEMBROKE PINES, FL 33025

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 PRESIDENT Address: \_\_\_\_\_  
FLOREZ GUTIERREZ, JUAN CARLOS

Address 8343 SW 5 ST, BUILDING 9 Name and Title: \_\_\_\_\_  
APT 205. Address: \_\_\_\_\_  
PEMBROKE PINES, FL 33025

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

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: 01/25/2024 (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 as 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 01/25/2024

*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 1/25/2024

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