. Jan 25, 2224 15:52 (UTC-05)

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From:

: TAX S PRO CORP Account Name 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

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COVER LETTER

JUAN C FLOREZ CORP

From: +19544207118 (TAX S PRO)

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

SUBJECT:_

oobobe 17	(PROPOSED CORP	ORATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the articles of incorporation and a cf	neck for:	
数 \$70.00 Filing Fce	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:		AXS PRO	·
	80	30 PINES BLVD Address	
		PINES, FLORIDA	
	33024	City, State & Zip	
	786	6-3072733	
	Daytin	me Telephone number	
	INFO@T	AXSPRO.COM	
		used for future annual capacity	actification)

NOTE: Please provide the original and one copy of the articles.



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

The name of the corpo	oration shall be: JUAN C FLOREZ CORP				
ARTICLE II PRIM	Principal street address	Mailing addre	ss, if different is:		
	, BUILDING 9	8343 SW 5 ST	BUILDING 9		
PEMBROKE PINES , FL 33025			8343 SW 5 ST , BUILDING 9 APT 205.		
			PEMBROKE PINES, FL 33025		
ARTICLE III PURI The purpose for which	<u>POSE</u> 1 the corporation is organized	d is:	1 114E3 , FL 33023		
	LL LAWFUL BUSI				
ARTICLE IV SHAI	RES f stock is: 100				
DTIČI E 1/ INTE	AL OFFICERS AND OR D	VAFOTO DO			
	AL OFFICERS AND/OR D	TRECTURS			
Name and Tit					
Address	PRESIDENT	Address:			
	FLOREZ GUT	<u> TIERREZ, JUAN CARL(</u>	OS		
		Name and Title:			
Beldenen	8343 SW 5 ST	r, BUILDING 9			
Address	APT 205.	Address:			
	PEMBROKE	PINES , FL 33025			
		111120 (12 55025			
Name and Title	:	Name and Title:	,		
			2024 SEC		
Address		Address:	77, 777		
			11 N N N N N N N N N N N N N N N N N N		
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			ာ္သည္ မ		
			ATE O		

Name ai	nd Title:	Name and Title:
Addres		Address:
RTICLE VI he name and F	REGISTERED AGENT Torida street address (P.O. Box NOT accepta	able) of the registered agent is:
Same:	TAX S PRO CORP	
Address:	8030 PINES BLVD PEMBROKE PINES, FL 33	
	TEMBRURE FINES, FL 33	
RTICI.E VII	INCORPORATOR	
he <u>name</u> and a	ddress of the Incorporator is:	
	TAX S PRO CORP	
Address:	8030 PINES BLVD	
	PEMBROKE PINES , FL 33024	
ling.) [ate: If the date ic document's e	e inserted in this block does not meet the application of State's remarked as registered agent to accept service of pro	occss for the above stated corporation at the place designated in this
rujicat e , 1 am j	annaar with and accept the appointment as r	egistered agent and agree to act in this capacity
	Required Schalure/Registered Ager	
submit this doc ocument to the I	247	in are true. I am aware that the false information submitted in a
equired Signatu	re/Incorporator	
		2024 JAN 25 TALLAHASS
		ST PH ST