

2/21/24, 12:48 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Certificate of Status  
P24000013374

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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  
WEA CABINETRY CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE  
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: WERA CABINETRY CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address11171 MUSTANG STBOCA RATON, FL, 33428

Mailing address, if different is:

SAME

**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ELIANE G SILVA - PRESIDENT

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

Address 11171 MUSTANG ST

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

BOCA RATON, FL, 33428

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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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: 10055 YAMATO RD STE 206  
BOCA RATON, FL 33498

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JTAX CORP  
Address: 10055 YAMATO RD STE 206  
BOCA RATON, FL 33498

**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

02/21/2024  
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

02/21/2024  
Date

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