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Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC.

Account Number : I20130000019

Phone : (718)362-4789

Fax Number : (718)488-2550

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

Email Address: brian@alleyesonsafety.com

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION JTAV Wellness FL CORP.

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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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: JTAV Wellness FL CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

300 Alton Rd

38-35 Crescent St. Suite 1B

Miami Beach, FL 33139

Long Island City, NY 11101

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Wellness

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian McDermott, President

Name and Title:

Address

38-35 Crescent St, Suite 1B

Address:

Long Island City, NY 11101

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF STATE
NEW YORK

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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: Brian McDermott
Address: 300 Alton Rd
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian McDermott
Address: 300 Alton Rd
Miami Beach, FL 33139

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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 business days prior or 90 business 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

/s/ Brian McDermott

05/15/2024

Required Signature/Registered Agent

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.

/s/ Brian McDermott

05/15/2024

Required Signature/Incorporator

Date

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